FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000549 (5)

1. Corporation Name
CHAPMAN MONTGOMERY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1401 N.W. 17TH AVE.~~ 6400 SW 123 Terr ~~MIAMI FL 33125~~ Miami, Fl. 33156	~~1401 N.W. 17TH AVE.~~ ~~MIAMI FL 33125~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report:
4. FEI Number: 65-0523884 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ROGERS, HARVEY D~~ ~~1401 N.W. 17TH AVE~~ ~~MIAMI FL 33125~~ Cindy B. Lea 6400 SW 123 Terr Miami, Fl 33156	81 Name: Cindy B. Lea 82 Street Address (P.O. Box Number is Not Acceptable): 6400 SW 123 Terr 83: M 84 City: Miami FL 85 Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Cindy B. Lea — 4-5-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	~~ROGERS, HARVEY D~~	1.2 NAME	
STREET ADDRESS	~~1401 N.W. 17TH AVE.~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33125~~	1.4 CITY-ST-ZIP	
TITLE	Cindy B. Lea, Pres. D	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS	6400 SW 123 Terr	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33156	2.4 CITY-ST-ZIP	
TITLE	Maria C. Rogers, Treasurer	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS	6401 SW 123 Terr, T	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33156	3.4 CITY-ST-ZIP	
TITLE	Tres. Davis, V Pres. T	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS	646 S.W. 126 St Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33156	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	$ DEPOSITED BY BANK
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 10 if changed, or on an attachment with an address.

SIGNATURE: Cindy B Lea — 3-8-95 — 661-5352 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-24-95

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