

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002599

FILED
Apr 30, 2009
Secretary of State

Entity Name: SHELDON CHASE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1207 N HIMES AVE
SUITE 3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N HIMES AVE
SUITE 3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3251699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC
1207 N HIMES AVE
SUITE 3
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, SHELAH
Address: 9317 CRANDON LANE
City-St-Zip: TAMPA, FL 33635

Title: VP () Delete
Name: DROUET, ALAN
Address: 9019 SHELDON CHASE DR
City-St-Zip: TAMPA, FL 33635

Title: SD () Delete
Name: DROUET, REBECCA
Address: 9019 SHELDON CHASE DR.
City-St-Zip: TAMPA, FL 33635

Title: TD () Delete
Name: TONUS, ALEX
Address: 8821 SHELDON CHASE DR.
City-St-Zip: TAMPA, FL 33635

Title: D (X) Delete
Name: HYSLOP, ALISHA
Address: 9027 SHELDON CHASE DR.
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: TONUS, ALEX
Address: 8821 SHELDON CHASE DR
City-St-Zip: TAMPA, FL 33635

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HYSLOP, ALISHA
Address: 9027 SHELDON CHASE DR.
City-St-Zip: TAMPA, FL 33635

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELAH JOHNSON

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date