


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90028 033 ****61.25

DOCUMENT # N94000004565					
1. Entity Name THE CHAPMAN GROVES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5401 SOUTH KIRKMAN ROAD #450 ORLANDO, FL 32819 US			Mailing Address 5401 SOUTH KIRKMAN ROAD #450 ORLANDO, FL 32819 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3291559	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 SOUTH KIRKMAN ROAD #450 ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERSAMPIER, DEBORAH 485 SUNCREST CT OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, OMAR 325 SUN CREST CT OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD YUERSON, ANGELA 415 CARRIAGE WAY CT OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Chuck Rifenberg 410 Morning Blossom Ln OVIEDO, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: <i>Angela D. Iverson</i> Angela D. Iverson 1-24-08 407-977-5337					
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					