-2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N94000004565



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

1. Entity Name THE CHAPMAN GROVES HOMEOWNERS' ASSOCIATION, INC.							(02-07-2008 9	90028 033	5 ****61.	.25	
5401 SOUTH KIRKMAN ROAD #450 540			5401	ing Address D1 SOUTH KIRKMAN ROAD #450 LANDO, FL 32819 US					,			
Principal Place of Business - No P.O. Box # Address												
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01082008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State					4. FEI Number 59-3291	559	•	-	pplied For ot Applicable	
Zip Country		Zip			ntry	5. Certificate of Sta			Fee Required			
6. Name and Address of Current Register								7. Name and Address of New Registered Agent				
COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 SOUTH KIRKMAN ROAD #450 ORLANDO, FL 32819						Name Street Address (P.O. Box Number is Not Acceptable)						
ONDANDO	J, I L J20											
				City						FL	Zip Cod	ie
8. The above the obligation	named entit tions of regist	y submits this statement f tered agent.	or the purp	ose of changing its	registere	d office o	r register	ed agent, or both,	in the State of F	lorida. I am fi	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title if app	vicable. (NOTE	E: Registered	Agent signal	uta required	when reinelation)		DATE		
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required signature required signature required signature required signature required signature.) Filling Fee Is \$61.25 9. Election Campaign Financing												
	Filing Fe	e is \$61.25							66y 755 x	· 4.11	payable t	0 . 6 . All
40	−.	flay 1, 2008	(0.501000)		npaign Fi Contributio	nancing		\$5.00 May Be Added to Fees	Flo	Make check rida Depart	ment of S	tate
10.	Due by N		IRECTORS	9. Election Can Trust Fund C	npaign Fi Contribution	nancing on.		\$5.00 May Be	Flo	Make check rida Depart	ment of S	tate 1
TITLE	Due by N	May 1, 2008 OFFICERS AND D	IRECTORS	9. Election Can	npaign Fi Contribution 11.	nancing on.		\$5.00 May Be Added to Fees	Flo	Make check rida Depart	ment of S	tate
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I hereby certify that the information supplied with this filling 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 attact prient with an address, with all other like empowered.

SIGNATURE:

407-977