

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004565

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** THE CHAPMAN GROVES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5401 SOUTH KIRKMAN ROAD  
STE. 450  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

5401 SOUTH KIRKMAN ROAD  
STE. 450  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 59-3291559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT PROFESSIONALS, INC.  
5401 SOUTH KIRKMAN ROAD #450  
ORLANDO, FL 32819 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: P  
Name: PERSAMPIER, DEBORAH  
Address: 486 SUNCREST CT  
City-St-Zip: OVIEDO, FL 32765

Title: VP  
Name: THOMPSON, OMAR  
Address: 2055 CITRUS COVE  
City-St-Zip: OVIEDO, FL 32765

Title: S/T  
Name: PORTER, LENORA  
Address: 450 MORNING BLOSSOM LANE  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH PERSAMPIER

P

03/31/2010

Electronic Signature of Signing Officer or Director

Date