

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004892

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** CHAIRES CAPITOLA NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

8851 BUCKHUNTER TRL.  
TALLAHASSEE, FL 32317 US

**New Principal Place of Business:**

**Current Mailing Address:**

8851 BUCKHUNTER TRL.  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 59-3204068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'STEEN, J.C.  
177 SALEM COURT  
TALLAHASSEE, FL 32301 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: S ( ) Delete  
Name: WOOD, JENNETTE  
Address: 3956 CHAIRES CROSSROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP ( ) Delete  
Name: SAPP, CHARLES  
Address: 1031 BENJAMIN CHAIRES RD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: P ( ) Delete  
Name: SPENCE, DOROTHY  
Address: 3982 CHAIRES CROSSROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: TRES ( ) Delete  
Name: SCHLUCK, GERALD  
Address: 784 BENJAMIN CHAIRES ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: GERALD SCHLUCK

TRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date