

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90109 026 ****61.25

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DOCUMENT # N95000002409 1. Entity Name CHAPELGATE ASSOCIATION, INC.					
Principal Place of Business % SIGNATURE REALTY & MGMT 4003 HARTLEY RD. JACKSONVILLE, FL 32257 US			Mailing Address % SIGNATURE REALTY & MGMT 4003 HARTLEY RD. JACKSONVILLE, FL 32257 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3371466	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CANTRELL, BRYAN 4003 HARTLEY RD. JACKSONVILLE, FL 32257			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD		TITLE	PD	
NAME	BURGERON, DAVID		NAME	Call, Linda	
STREET ADDRESS	3873 CHAPEL GATE RD.		STREET ADDRESS	3873 Chapelgate Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	VPD		TITLE		
NAME	STRICKLAND, CATHY		NAME		
STREET ADDRESS	3874 CHARELGATE RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	STD		TITLE		
NAME	PECK, ED		NAME		
STREET ADDRESS	3868 CHARELGATE RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	WRIGHT, SHALI		NAME		
STREET ADDRESS	11275 FUNCHLEY LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.					
SIGNATURE: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/26/05 Daytime Phone #					