2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N95000002409

Entity Name: CHAPELGATE ASSOCIATION, INC.

Current Principal Place of Business:

% SIGNATURE REALTY & MGMT
4003 HARTLEY RD.
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

% SIGNATURE REALTY & MGMT
4003 HARTLEY RD.
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3371466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANTRELL, BRYAN
4003 HARTLEY RD.
JACKSONVILLE, FL 32257 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: VPD ( ) Delete
Name: STRICKLAND, CATHY
Address: 3874 CHARELGATE RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD ( ) Delete
Name: CALL, LINDA
Address: 3813 CHAPELGATE RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD ( ) Delete
Name: CLIFTON, RAYMOND
Address: 11316 CHERTSEY LN
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: STROMMER, MARSHA
Address: 11306 CHAPELGATE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete
Name: TORBERT, JEANNIE
Address: 3880 CHAPELGATE RD.
City-St-Zip: JACKSONVILLE, FL 32223

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:

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: LINDA CALL PD 04/27/2009

Electronic Signature of Signing Officer or Director — Date