

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000438

FILED
Jan 05, 2009
Secretary of State

Entity Name: CHULA WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

820 FANTASY LN
CHULUOTA, FL 32766 US

New Principal Place of Business:

828 FANTASY LN
CHULUOTA, FL 32766 US

Current Mailing Address:

CARLA WOODS HOA
PO BOX 622902
OVIEDO, FL 32762

New Mailing Address:

CHULA WOODS HOA
PO BOX 622902
OVIEDO, FL 32762

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WASTON, TED J
820 FANTASY LN.
CHULUTE, FL 32766 US

Name and Address of New Registered Agent:

HARTMANN, CATHERINE L
828 FANTASY LN.
CHULUOTA, FL 32766 US

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: CATHERINE L HARTMANN

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARTMANN, CATHERINE
Address: 828 FANTASY LANE
City-St-Zip: CHULUOTA, FL 32766

Title: ST () Delete
Name: WATSON, TED J
Address: 820 FANTASY LN
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: TYLER, AMBER
Address: 825 FANTASY LANE
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: HEATH, DENA
Address: 825 FANTASY LANE
City-St-Zip: CHULUOTA, FL 32766

Title: V () Delete
Name: PRUNER, LOIS
Address: 538 CHULA WOODS CT
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: MCPHERSON, JENAY
Address: 352 CHULA WOODS COURT
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRUNER, LOIS
Address: 538 CHULA WOODS CT
City-St-Zip: CHULUOTA, FL 32766

Title: ST (X) Change () Addition
Name: HARTMANN, CATHERINE
Address: 828 FANTASY LN
City-St-Zip: CHULUOTA, FL 32766

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

Title: D (X) Change () Addition
Name: HEATH, DENA
Address: 829 FANTASY LANE
City-St-Zip: CHULUOTA, FL 32766

Title: V (X) Change () Addition
Name: MILLER, JACKIE
Address: 546 CHULA WOODS CT
City-St-Zip: CHULUOTA, FL 32766

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: CATHERINE L HARTMANN

ST

01/05/2009

Electronic Signature of Signing Officer or Director

Date