2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000438

FILED Jan 20, 2011 Secretary of State

Entity Name: CHULA WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

828 FANTASY LN 1750 W. BROADWAY STREET CHULUOTA, FL 32766 US

222

OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

1750 W. BROADWAY STREET CHULA WOODS HOA

PO BOX 622902 OVIEDO, FL 32762 OVIEDO, FL 32765

FEI Number: 59-3544531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HARTMANN, CATHERINE L COMMUNITY MANAGEMENT SPECIALISTS INC.

828 FANTASY LN. 1750 W. BROADWAY STREET

CHULUOTA, FL 32766 STE. 222 OVEIDO, FL 32765 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: KEVIN 01/20/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PRUNER, MIKE Name: Address: P.O. BOX 620368 City-St-Zip: OVIEDO, FL 32762

Title:

Name: HARTMANN, CATHERINE Address: P.O. BOX 620368 City-St-Zip: OVIEDO, FL 32762

Title: VΡ

KEARNS, JEREMY Name: Address: P.O. BOX 620368 City-St-Zip: OVIEDO, FL 32762

Title:

Name: HEATH, DENA P.O. BOX 620368 Address: City-St-Zip: OVIEDO, FL 32762

Title:

WEIR, RYAN Name: P.O. BOX 620368 Address: OVIEDO, FL 32762 City-St-Zip:

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.

Ρ SIGNATURE: DAVIS, KEVIN 01/20/2011