

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002202

FILED  
Mar 29, 2005  
Secretary of State

**Entity Name:** CHAPMAN LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 65-0753846      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: HOOD, HOLLIE  
Address: 2203 WEMBLEY PL  
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete  
Name: ROTONDO, RICK  
Address: 2163 WEMBLEY PL  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete  
Name: NAGLE, JANET  
Address: 2187 WEMBLEY PL  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: MCCABE, STEVEN  
Address: 1277 REGAL OAK CT  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: BURKHART, BRENDA  
Address: 1313 TALL MAPLE LP  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: FITZGERALD, DAVID  
Address: 1328 TALL MAPLE LP  
City-St-Zip: OVIEDO, FL 32765

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOLLIE HOOD

PD

03/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date