


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90196 039 \*\*\*\*61.25

<b>DOCUMENT # N97000002202</b> 1. Entity Name <b>CHAPMAN LAKES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 US			Mailing Address 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>65-0753846</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HART, JAMES W JR</b> <b>SENTRY MANAGEMENT, INC.</b> <b>2180 WEST SR 434, SUITE 5000</b> <b>LONGWOOD, FL 32779</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, HOLLIE		NAME	HOOD, HOLLIE	
STREET ADDRESS	2203 WEMBLEY PL		STREET ADDRESS	2203 WEMBLEY PL	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, STEVE		NAME	HUDSON, STEVE	
STREET ADDRESS	1287 OAKFORD PL		STREET ADDRESS	1287 OAKFORD PL	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAGLE, JANET		NAME	LEWIS, CHERYL	
STREET ADDRESS	2187 WEMBLEY PL		STREET ADDRESS	1281 REGAL OAK CT	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIULIANO, JIM		NAME	QUIGLEY, MARTIN	
STREET ADDRESS	1341 TALL MAPLE LP		STREET ADDRESS	1298 OAKFORD PL	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHART, BRENDA		NAME		
STREET ADDRESS	1313 TALL MAPLE LP		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKS, BEVERLY		NAME		
STREET ADDRESS	2112 WEMBLEY PL		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Hollie J Hood</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11-April 2007 407-977-4249 <small>Date Daytime Phone #</small>		

