

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90105 009 ****61.25

| | | | | | |
|--|--------------------|--|---|---|--|
| DOCUMENT # N97000002202 1. Entity Name CHAPMAN LAKES HOMEOWNERS ASSOCIATION, INC. | | | | | |
| 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 | | 4. FEI Number 65-0753846 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required if when re-appointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOOD, HOLLIE | | NAME | QUIGLEY, MARTIN | |
| STREET ADDRESS | 2203 WEMBLEY PL | | STREET ADDRESS | 1298 OAKFORD PLACE | |
| CITY-ST-ZIP | OVIEDO, FL 32765 | | CITY-ST-ZIP | OVEIDO FL 32765 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUDSON, STEVE | | NAME | SCOTT, HOLLY | |
| STREET ADDRESS | 1287 OAKFORD PL | | STREET ADDRESS | 2198 WEMBLEY PLACE | |
| CITY-ST-ZIP | OVIEDO, FL 32765 | | CITY-ST-ZIP | OVEIDO FL 32765 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAGLE, JANET | | NAME | | |
| STREET ADDRESS | 2187 WEMBLEY PL | | 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 | LEWIS, CHERYL | | NAME | | |
| STREET ADDRESS | 1281 REGAL OAK CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | OVIEDO, FL 32765 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" 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 checked="" 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. | | | | | |
| SIGNATURE: <u>Janet Nagle</u> Janet Nagle | | | 5-2-08 | | 407-359-2098 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |