

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002202

FILED
Apr 21, 2009
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: SD () Delete
Name: NAGLE, JANET
Address: 2187 WEMBLEY PL
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: LEWIS, CHERYL
Address: 1281 REGAL OAK CT
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: QUIGLEY, MARTIN
Address: 1298 OAKFORD PL
City-St-Zip: OVIEDO, FL 32765

Title: D () Change (X) Addition
Name: RONTONDO, RICHARD
Address: 2163 WEMBLEY PL
City-St-Zip: OVIEDO, FL 32765

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: HOLLIE HOOD

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date