

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003012

FILED
Apr 24, 2007
Secretary of State

Entity Name: CHASE'S RIDGE HOMEOWNERS ASSOCIATION OF SANTA ROSA, INC.

Current Principal Place of Business:

4400 BAYOU BLVD
STE 35
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD
STE 35
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3452444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD STE 35
PENSACOLA, FL 32503 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: STD () Delete
Name: SCARBROUGH, RHONDA
Address: 1346 REDWOOD LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: PRES () Delete
Name: PEYTON, CAREY
Address: 1348 REDWOOD LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: VP () Delete
Name: PIERCE, FRANK
Address: 372 FT. PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32560

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

Title: D () Change (X) Addition
Name: MARIETO, MAXINE
Address: 1342 REDWOOD LN
City-St-Zip: GULF BREEZE, FL 32560

I hereby certify that the information supplied with this filing does not qualify for the 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: CAREY PEYTON

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date