## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004244

FILED Jul 16, 2008 Secretary of State

Entity Name: CHANDLER BEND CONDOMINIUM ASSOCIATION, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

238 CHANDLER STREET CAPE CANAVERAL, FL 32920

**Current Mailing Address: New Mailing Address:** 

PO BOX 254090

PATRICK AFB, FL 329254090

FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LOTSPEICH, RALPH S JR LOTSPEICH, RALPH S JR.

3611 S. BANANA RIVER BLVD 7008 SEVILLA CT.

COCOA BEACH, FL 32931 406 CAPE CANAVERAL, FL 32920 US

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: 07/16/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

LOTSPEICH, RALPH S JR LOTSPEICH, RALPH S JR Name: Name: Address: 3611 S BANANA RIVER BLVD Address: 7008 SEVILLA CT. City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD Title:

() Delete () Change () Addition

Name: BIERY, SUSZI Name: Address: 69 N. ORLANDO AVENUE Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

SARNKASTSAMIS, TOM Name: Name: 238 CHANDLER ST #104 Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip:

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: RALPH S. LOTSPEICH JR PTD 07/16/2008