

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004244

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** CHANDLER BEND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

238 CHANDLER STREET  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 254090  
PATRICK AFB, FL 329254090

**New Mailing Address:**

PO BOX 11  
CAPE CANAVERAL, FL 32920

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LOTSPEICH, RALPH S JR.  
7008 SEVILLA CT.  
406  
CAPE CANAVERAL, FL 32920 US

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

LOTSPEICH, RALPH S JR.  
8935 PUERTO DEL RIO DRIVE  
404  
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:

02/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: LOTSPEICH, RALPH S JR  
Address: 7008 SEVILLA CT.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD ( ) Delete  
Name: BIERY, SUSZI  
Address: 69 N. ORLANDO AVENUE  
City-St-Zip: COCOA BEACH, FL 32931

Title: VD ( ) Delete  
Name: SARNKASTSAMIS, TOM  
Address: 238 CHANDLER ST #104  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: LOTSPEICH, RALPH S JR  
Address: 8935 PUERTO DEL RIO DRIVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

Title: VD (X) Change ( ) Addition  
Name: SARAKATSANIS, TOM  
Address: 238 CHANDLER ST #104  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

02/05/2009

Electronic Signature of Signing Officer or Director

Date