04-28-1999 90062 005 \*\*\*\*61.25

## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N98000000819

CHAIRES RESIDENTS' AND LANDOWNERS' ASSOCIATION, INC.

Principal Place of Business				
-8832 GREEN OAK-DRIVE_				
-TAI+AHASSEE FL-3231+ -				

Mailing Address

-8832 GREEN OAK DRIVE -- TALLAHASSEE FL 32311- -



2. Principal Place of Business 21 318). Chaires Crossroad	2a. Mailing Address 26 3181 Chaires Cro	3. Date Incorporated or Qualifed 02/11/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For Not Applicable
City & State Tallahassee, Florida	City & State  Tallahasseε, Flor	ida 5. Certificate of Status Desired	\$8.75 Ac ditional Fee Required
Zip Country U.S.A. 25 U.S.A.	Zip Country	S.A.  6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current	10. Name and Address of New Registe	ered Agent	
KOWALCHYK, DEAN C 1331 E LAFAYETTE STREET STE F TALLAHASSEE FL 32301	81 82 83 84	Street Address (P.O. Box Number is Not Acceptable)	FL 85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTI: Re	gistered Agent signature re	eou red when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	X DELETE	1.1 TITLE	Chairman Chairman
NAME	Jerry Stephens, President	1.2 NAME	Charlman Charlotte Edenfield
STREET ADDRESS	8832 Green Oak Drive Tallahassee, FL 32311	1.3 STREET ADDRESS	3181 Chaires Crossroad, Talla., FL 323
CITY-ST-ZIP	·	1.4 CITY-ST-ZIP	
TITLE	Vice President ☑ DELETE	2.1 TITLE	Vice Chairman ☑ Change ☐ Addition
NAME	Charlotte Edenfield	2.2 NAME	Orlando Rivera
STREET ADDRESS	3181 Chaires Crossrd, Talla, FL	2.3 STREET ADDRESS	8829 Green Acorn Ln, Talla. FL, 32311
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	Treasurer 😾 DELETE	31 TITLE	Secretary/Treasurer & -
NAME	Alice Chaires	3.2 NAME	Marcella Palmer
STREET ADDRESS	4483 Chaires Crossrd, Talla, FL	3.3 STREET ADDRESS	4773 Chaires Crossrd., Talla., FL 32311
CITY-ST-ZIP	💢 OELETE	3.4. CITY-ST-ZIP	Change X Addition
TITLE	Secretary	4.1 TITLE	Director
NAME	Marcella Palmer	4. 2 NAME	Brandi May
STREET ADDRESS	4773 Chaires Crossrds, Talla. FL	4.3 STREET ADDRESS	8803 Road to the Lake, Talla., FL. 32311
CITY-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Director Change Addition
TITLE	[] DELETE	5.1 HILE 5.2 NAME	Director
NAME		5.3 STREET ADDRESS	Friedrich Stephan
STREET ADDRESS		5.4 CITY-ST-ZIP	8480 Road to the Lake, Talla., FL 32311
CITY-ST-ZIP	☐ DELETE	61 TITLE	Popald Childers Director Change V Addition
TITLE	_ Dece ie	6.2 NAME	Ronald Childers, Director □ Change ☑ Addition
NAME		6.3 STREET ADDRESS	4468 Chaires Crossrd., Talla., FL 3231
STREET ADDRESS			
CITY_ST_ZIP		6.4 CITY-ST-ZIP	·

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 '2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: