

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90078 031 ****61.25

DOCUMENT # N98000005047

1. Entity Name

CHANDLER OAKS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1 INDEPENDENT DR. #2301
 JACKSONVILLE FL 32202

1 INDEPENDENT DR. #2301
 JACKSONVILLE FL 32202

2. Principal Place of Business

1031 CHANDLER OAKS DR

3. Mailing Address

1031 CHANDLER OAKS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3329059

Applied For

Not Applicable

Zip

32221

Country

DUAL

Zip

32221

Country

DUAL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AKEL, DANIEL D
 1 INDEPENDENT DR. #2301
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name: **BRAD BURNETT**
 Street Address (P.O. Box Number is Not Acceptable):
1031 CHANDLER OAKS DR.
 City: **JAX FL FL** Zip Code: **32221**

8. 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

Brad Burnett

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COXWELL, JOHN D	
STREET ADDRESS	6741 LLOYD ROAD W.	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIFORD, WAYNE	
STREET ADDRESS	6741 LLOYD ROAD W.	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RONNIE	
STREET ADDRESS	5215 HIGHWAY AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT DANNY ANDREWS	
STREET ADDRESS	1022 CHANDLER OAKS DR	
CITY-ST-ZIP	JAX, FL 32221	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE-PRESIDENT RENEE CARTER	
STREET ADDRESS	1145 CHANDLER OAKS DR.	
CITY-ST-ZIP	JAX, FL 32221	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER BRAD BURNETT	
STREET ADDRESS	1031 CHANDLER OAKS DR	
CITY-ST-ZIP	JAX, FL 32221	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY DEBBIE CRESSER	
STREET ADDRESS	1142 CHANDLER OAKS DR	
CITY-ST-ZIP	JAX, FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DANNY ANDREWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

904-396-3407

Daytime Phone #

CR2E037 (10/00)