

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005047

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: CHANDLER OAKS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1031 CHANDLER OAKS DR.
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

1031 CHANDLER OAKS DR.
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 59-3329059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETT, BRAD
1031 CHANDLER OAKS DR.
JACKSONVILLE, FL 32221 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: DP () Delete
Name: ANDREWS, DANNY
Address: 1022 CHANDLER OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32221

Title: DV () Delete
Name: CARTER, RENEE
Address: 1145 CHANDLER OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32221

Title: DT () Delete
Name: BURNETT, BRAD
Address: 1031 CHANDLER OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32221

Title: S () Delete
Name: CHESSER, DEBBIE
Address: 1142 CHANDLER OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32221

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRAD BURNETT

DT

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date