

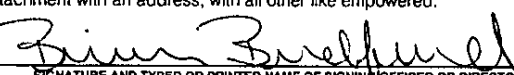


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90568 012 \*\*\*\*70.00

<b>DOCUMENT # N98000005047</b>			
1. Entity Name CHANDLER OAKS HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 1732 KINGSLEY AVE. #202 ORANGE PARK, FL 32073		Mailing Address 1732 KINGSLEY AVE. #202 ORANGE PARK, FL 32073	
2. Principal Place of Business Suite, Apt. #, etc. Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Zip Orange Park, FL 32065		3. Mailing Address Suite, Apt. #, etc. Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Zip Orange Park, FL 32065	
4. FEI Number 59-3329059		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRY, ALAN 1732 KINGSLEY AVE. #202 ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not) City FL Zip Code Alan Perry 786 Blanding Blvd. #118 Orange Park, FL 32065	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		ALAN PERRY 12 APR 05 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHESSEY, JIMMY 426 CHANDLER OAKS DR. JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, RENEE 1133 CHANDLER OAKS DR. JACKSONVILLE, FL 32221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRICE, DWIGHT 1688 CHANDLER OAKS DR. JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUAL, GLEN 9381 COXWELL LANE JACKSONVILLE, FL 32221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Briann Bradford 1110 Chandler Oaks Dr. Jax. Fl. 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, STEVE 1149 CHANDLER OAKS DR. JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/27/05 (904)298-2321 Date Daytime Phone #	