


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90075 012 \*\*\*\*\*70.00

<b>DOCUMENT # N98000005047</b>					
<b>1. Entity Name</b> CHANDLER OAKS HOME OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> PROFESSIONAL COMMUNITY MGT., INC. 786 BLANDING BLVD. # 118 ORANGE PARK, FL 32065			<b>Mailing Address</b> PROFESSIONAL COMMUNITY MGT., INC. 786 BLANDING BLVD. # 118 ORANGE PARK, FL 32065		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02222007    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 59-3329059				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PERRY, ALAN 786 BLANDING BLVD. # 118 ORANGE PARK, FL 32065			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State.</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> STD <b>NAME</b> PRICE, DWIGHT <b>STREET ADDRESS</b> 1688 CHANDLER OAKS DR. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 1088 CHANDLER OAKS Dr. <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BRADFORD, BRIAN <b>STREET ADDRESS</b> 1110 CHANDLER OAKS DRIVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Sally Pittman <b>STREET ADDRESS</b> 9372 Coxwell Lane <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> RAYMOND, STEVE <b>STREET ADDRESS</b> 1149 CHANDLER OAKS DR. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete		<b>TITLE</b> DD <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Eddie Parrish <b>STREET ADDRESS</b> 9381 Coxwell Lane <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					