


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90032 045 ****61.25

DOCUMENT # N98000005248					
1. Entity Name DEAN CHASE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 7523 ALOMA AVE. #101 WINTER PARK, FL 32792			Mailing Address P.O. BOX 677296 ORLANDO, FL 32867-7296		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3560700	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LORECE A. MISLEY, L.A. REAL ESTATE INC. 7523 ALOMA AVE. #101 WINTER PARK, FL 32792			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Lorece A. Misley</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>3/5/07</i>		<small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, WILSIE		NAME	Miranda, Tomas	
STREET ADDRESS	10100 DEAN CHASE BLVD.		STREET ADDRESS	10022 Dean Chase Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, DAMARIS		NAME	Ortiz, Wilsie	
STREET ADDRESS	10015 DEAN CHASE BLVD.		STREET ADDRESS	10015 Dean Chase Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORTES, CARLOS		NAME	Jerez, Arlene	
STREET ADDRESS	10113 DEAN CHASE BLVD.		STREET ADDRESS	10124 Dean Chase Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, THOMAS		NAME		
STREET ADDRESS	10022 DEAN CHASE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, VINCENT		NAME		
STREET ADDRESS	10112 DEAN CHASE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTMORELAND, HOLLIS		NAME		
STREET ADDRESS	10125 DEAN CHASE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
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.					
SIGNATURE: <i>[Signature]</i>			DATE: <i>2-10-07</i> 407-489-4657		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		