

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 AM
Secretary of State

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**



01242008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3560700

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
**LORECE A. MISLEY, L.A. REAL ESTATE INC.
 7523 ALOMA AVE.
 #101
 WINTER PARK, FL 32792**

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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 *Lorece A. Misley* DATE *2/19/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

100000847356
 03/19/08-80017-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORTIZ, WILSIE 10100 DEAN CHASE BLVD. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEREZ, ARLENE 10124 DEAN CHASE BLVD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRANDA, TOMAS 10022 DEAN CHASE BLVD. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* **2/28/08** **(407) 482-7737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #