

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006285

FILED
Apr 10, 2009
Secretary of State

Entity Name: CHASE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977

New Principal Place of Business:

Current Mailing Address:

PO BOX 197043
WINTER SPRINGS, FL 32719

New Mailing Address:

FEI Number: 59-3611559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON, LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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: P () Delete
Name: ROSANIA, VALERIE M
Address: 2995 GREENWOOD SRPINGS
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: SMITH, MARILYN
Address: 2995 GREENWOOD SPRINGS
City-St-Zip: LAKE MARY, FL 32746

Title: V () Delete
Name: FURDOCK, JANEAN
Address: 21845 CR 44 A
City-St-Zip: EUSTIS, FL 32736

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ROSANIA, VALERIE M
Address: 1258 VINELAND PLACE
City-St-Zip: LAKE MARY, FL 32746

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

Title: P (X) Change () Addition
Name: FURDOCK, JANEAN
Address: 21845 CR 44 A
City-St-Zip: EUSTIS, FL 32736

Title: S () Change (X) Addition
Name: ARENSON, ABBE J
Address: 301 E. CRYSTAL DRIVE
City-St-Zip: SANFORD, FL 32773

Title: D () Change (X) Addition
Name: SHARMA, ANIL J
Address: 2951 GREENWOOD SPRINGS LOOP
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHELSEA BONO, EPM SERVICES

MGMT

04/10/2009

Electronic Signature of Signing Officer or Director

Date