


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00****FILED**  
**Feb 03, 1999 8:00 am**  
**Secretary of State**

02-03-1999 90022 001 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V57382**1. Corporation Name  
**CHATHAM PARK, INC.**Principal Place of Business  
**2711 CHATHAM CIRCLE  
KISSIMMEE FL 34746**Mailing Address  
**2711 CHATHAM CIRCLE  
KISSIMMEE FL 34746**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/10/1992**

4. FEI Number

**59-3144522**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City &amp; State

27

Zip

Country

28

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

**CHARNOCK, WILLIAM T III  
5358 SPRING HILL DRIVE  
SPRING HILL FL 34806**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME **DAVIES, MICHAEL J**  
STREET ADDRESS **2711 CHATHAM CIRCLE**  
CITY-ST-ZIP **KISSIMMEE FL**TITLE ☐ DELETENAME **MAUREEN L DAVIES**  
STREET ADDRESS **2711 CHATHAM CIRCLE**  
CITY-ST-ZIP **KISSIMMEE FL 34746**TITLE ☐ DELETENAME **DAVIES, MICHAEL J**  
STREET ADDRESS **2711 CHATHAM CIRCLE**  
CITY-ST-ZIP **KISSIMMEE FL**TITLE ☐ DELETENAME **DAVIES, MICHAEL J**  
STREET ADDRESS **2711 CHATHAM CIRCLE**  
CITY-ST-ZIP **KISSIMMEE FL**TITLE ☐ DELETENAME **DAVIES, MICHAEL J**  
STREET ADDRESS **2711 CHATHAM CIRCLE**  
CITY-ST-ZIP **KISSIMMEE FL**TITLE ☐ DELETENAME **DAVIES, MICHAEL J**  
STREET ADDRESS **2711 CHATHAM CIRCLE**  
CITY-ST-ZIP **KISSIMMEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: **MAUREEN L DAVIES**Date **11/4/99 (407) 397-1801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (11/98)