## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004151

Entity Name: CHIMNEY LAKES OFFICE CENTER OWNERS' ASSOCIATION,

INC.

Jan 20, 2014 **Secretary of State** CC9655434661

**FILED** 

## **Current Principal Place of Business:**

7855 ARGYLE FOREST BLVD JACKSONVILLE, FL 32244

## **Current Mailing Address:**

3545 ST JOHNS BLUFF ROAD S #301 JACKSONVILLE, FL 32224

FEI Number: 75-3067091 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BREITBART, JERRE 121 ST ANDREWS PLACE DRIVE ST AUGUSTINE, FL 32092 US

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

Officer/Director Detail:

Title Title VPD

Name HALL, PIKE III Name MCGHEE, JOE

Address 3545 ST JOHNS BLUFF ROAD S., #301 Address 3545 ST JOHNS BLUFF ROAD S., #301

City-State-Zip: ATLANTIC BEACH FL 32233 City-State-Zip: JACKSONVILLE FL 32224

Title STD

Name O'CONNOR, MARK

Address 3545 ST JOHNS BLUFF ROAD S., #301

City-State-Zip: JACKSONVILLE FL 32224

I hereby 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 all other like empowered.

SIGNATURE: PIKE HALL **PRESIDENT** 01/20/2014