

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004151

Entity Name: CHIMNEY LAKES OFFICE CENTER OWNERS' ASSOCIATION, INC.

FILED
Feb 02, 2024
Secretary of State
8214177949CC

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:

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

02/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MEININGER, FRANK
Address 3545 ST JOHNS BLUFF ROAD S
 #301
City-State-Zip: JACKSONVILLE FL 32224

Title VP
Name ZECCARDI, ADAM DR.
Address 3545 ST JOHNS BLUFF ROAD SOUTH
 #301
City-State-Zip: JACKSONVILLE FL 32224

Title TREASURER
Name BADDAM, SATISH
Address 3545 ST JOHNS BLUFF ROAD S
 #301
City-State-Zip: JACKSONVILLE FL 32224

Title SECRETARY
Name SHEA, RHEA
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: FRANK MEININGER

PRESIDENT

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date