

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N42599 (3)**  
1. Corporation Name  
**CHEVAL WEST COMMUNITY ASSOCIATION, INC.**



Principal Place of Business                      Mailing Address  
**3939 CHEVAL BLVD.  
LUTZ FL 33549**                                      **3939 CHEVAL BLVD.  
LUTZ FL 33549**

3. Date Incorporated or Qualified                      3a. Date of Last Report  
**03/18/1991**    **04/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3136614		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input checked="" type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
Zip	Country	Zip	Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICH, JOSEPH F 3939 CHEVAL BLVD LUTZ FL 33549				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGWELL, JENS	1.2 NAME	BJÖRN SVEDIN
STREET ADDRESS	3939 CHEVAL BLVD	1.3 STREET ADDRESS	3939 CHEVAL BLVD
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	LUTZ, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGALL, MICHAEL	2.2 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACKPOOLE, JAMES M	3.2 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	
TITLE	VST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHERD, FREDERIC M JR	4.2 NAME	JOSEPH F. RICH
STREET ADDRESS	3939 CHEVAL BLVD	4.3 STREET ADDRESS	3939 CHEVAL BLVD
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	LUTZ, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILJEQUIST, RUNE	5.2 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph F. Rich                                      4/16/96                                      (813) 948-4000  
Signature and typed or printed name of signing officer or director                                      Date                                      Daytime Phone #

CR2E037 (12/95)