

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42599** (3)

1. Corporation Name

**CHEVAL WEST COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>3939 CHEVAL BLVD. LUTZ FL 33549</b>	Mailing Address <b>3939 CHEVAL BLVD. LUTZ FL 33549-5320</b>
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3. Date Incorporated or Qualified <b>03/18/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	24. Country	25. Country
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4. FEI Number <b>59-3136614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RICH, JOSEPH F  
3939 CHEVAL BLVD  
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGWELL, JENS</b>	1.2 NAME	<b>SVEDIN, BJORN</b>
STREET ADDRESS	<b>3939 CHEVAL BLVD</b>	1.3 STREET ADDRESS	<b>3939 CHEVAL BLVD.</b>
CITY-ST-ZIP	<b>LUTZ FL</b>	1.4 CITY-ST-ZIP	<b>LUTZ, FL 33549</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIGALL, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>3939 CHEVAL BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STACKPOOLE, JAMES M</b>	3.2 NAME	
STREET ADDRESS	<b>3939 CHEVAL BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VST</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARCHERD, FREDERIC M JR</b>	4.2 NAME	<b>JOSEPH F. RICH</b>
STREET ADDRESS	<b>3939 CHEVAL BLVD</b>	4.3 STREET ADDRESS	<b>3939 CHEVAL BLVD.</b>
CITY-ST-ZIP	<b>LUTZ FL</b>	4.4 CITY-ST-ZIP	<b>LUTZ, FL 33549</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LILJEQUIST, RUNE</b>	5.2 NAME	
STREET ADDRESS	<b>3939 CHEVAL BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL</b>	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, Treasurer 3/18/97* 948-2114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045850

CR2E037 (9/96)