

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90004 020 ****61.25

001/001

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N42599
 1. Corporation Name
CHEVAL WEST COMMUNITY ASSOCIATION, INC.

Principal Place of Business 3939 CHEVAL BLVD. LUTZ FL 33549	Mailing Address 4131 GUNN HIGHWAY TAMPA FL 33624 US
---	--



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/18/1991
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3136614
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
26 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GREENACRE PROPERTIES INC 4131 GUNN HIGHWAY TAMPA FL 33624		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 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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, CHRIS	1.2 NAME	Burley, Earl
STREET ADDRESS	4131 GUNN HIGHWAY	1.3 STREET ADDRESS	19113 St. Laurent
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	Lutz, FL
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, VERNON	2.2 NAME	
STREET ADDRESS	4131 GUNN HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, EDWARD	3.2 NAME	
STREET ADDRESS	4131 GUNN HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHERD, FRITZ	4.2 NAME	Neff, Rick
STREET ADDRESS	4131 GUNN HIGHWAY	4.3 STREET ADDRESS	4131 Gunn Highway
CITY-ST-ZIP	TAMPA FL 33624	4.4 CITY-ST-ZIP	Tampa, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDO, DOUG	5.2 NAME	
STREET ADDRESS	4131 GUNN HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	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 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, with all other like empowered.

SIGNATURE: _____ DATE: 1/28/99 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)