

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90109 005 ****61.25

DOCUMENT # N42599

1. Entity Name

CHEVAL WEST COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3939 CHEVAL BLVD.
LUTZ FL 33549

4131 GUNN HIGHWAY
TAMPA FL 33624-4725
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4131 Gunn Highway

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33624

Country

US

Zip

Country

4. FEI Number

59-3136614

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GREENACRE PROPERTIES INC
4131 GUNN HIGHWAY
TAMPA FL 33624

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VD BURLEY, EARL	19113 ST LAURENT	LUTZ FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D TAYLOR, VERNON	4131 GUNN HIGHWAY	TAMPA FL 33624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD ANDREWS, EDWARD	4131 GUNN HIGHWAY	TAMPA FL 33624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ASD NEFF, RICK	4131 GUNN HIGHWAY	TAMPA FL 33624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	STD GUIDO, DOUG	4131 GUNN HIGHWAY	TAMPA FL 33624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/00

Date

Daytime Phone #