
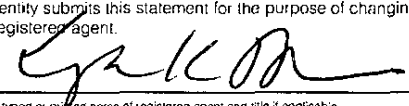
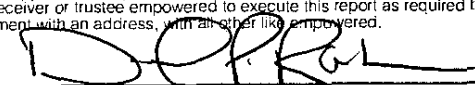


**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N42599				
1. Entity Name CHEVAL WEST COMMUNITY ASSOCIATION, INC.				
Principal Place of Business 4131 GUNN HWY TAMPA, FL 33624 US		Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33624 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3136614
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
GREENACRE PROPERTIES INC 4131 GUNN HIGHWAY TAMPA, FL 33624		Leigh Fletcher (Bush, Ross, Gardner, Warren, & Puckey PA. Street Address (P.O. Box Number is Not Acceptable) 220 South Franklin Street Tampa City FL Zip Code 33602		
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE 		DATE 4/5/04		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, DAN		NAME	
STREET ADDRESS	5524 AVE. DU SOLEIL		STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORI, LENCIONI		NAME	
STREET ADDRESS	6127 SAVOY CIR.		STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, TIM		NAME	
STREET ADDRESS	6110 COGNAC		STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	
TITLE	DR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANKIN, DAVID		NAME	
STREET ADDRESS	19108 ST LAURENT		STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DON		NAME	
STREET ADDRESS	5535 AVE DUSOLEIL		STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	President, Director P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Devia Rankin
STREET ADDRESS			STREET ADDRESS	19108 St. Laurent
CITY-ST-ZIP			CITY-ST-ZIP	Lutz, FL 33558
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: 		DATE 4/5/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #		