

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90035 010 ****61.25

40040567



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3136614** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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



Principal Place of Business
4131 GUNN HWY
TAMPA, FL 33618 US

Mailing Address
4131 GUNN HWY
TAMPA, FL 33618 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

GARDNER, J. STEPHEN
GARDNER, LAJI GROUP
101 S. FRANKLIN STREET SUITE 101
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPTD	<input type="checkbox"/> Delete
NAME	GALLAGHER, DAN	
STREET ADDRESS	5524 AVE. DU SOLEIL	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORI, LENCIONI	
STREET ADDRESS	6127 SAVOY CIR.	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCLAIN, TIM	
STREET ADDRESS	6110 COGNAC	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOSTLER, SCOTT	
STREET ADDRESS	18618 CHEMILLE DRIVE	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WHITAKER, NATHAN	
STREET ADDRESS	6107 COGNAC CIRCLE	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Tim McClain* **2-25-08** **727 367891**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #