

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42599

FILED
Apr 14, 2009
Secretary of State

Entity Name: CHEVAL WEST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4131 GUNN HWY
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

4131 GUNN HWY
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-3136614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: STEPHEN GARDNER

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPTD () Delete
Name: GALLAGHER, DAN
Address: 5524 AVE. DU SOLEIL
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: LORI, LENCIONI
Address: 6127 SAVOY CIR.
City-St-Zip: LUTZ, FL 33558

Title: PD () Delete
Name: MCCLAIN, TIM
Address: 6110 COGNAC
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: HOSTLER, SCOTT
Address: 18618 CHEMILLE DRIVE
City-St-Zip: LUTZ, FL 33558

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTD (X) Change () Addition
Name: GALLAGHER, DAN
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: LORI, LENCIONI
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: PD (X) Change () Addition
Name: MCCLAIN, TIM
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: HOSTLER, SCOTT
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Change (X) Addition
Name: CASTRO, MARY
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM MCCLAIN

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date