

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90357 045 ****61.25

DOCUMENT # N97000000360 1. Entity Name CHELTENHAM HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O PENN FIRST MANAGEMENT INC 1813 N DEAN RD STE 103 ORLANDO, FL 32817 US			Mailing Address C/O PENN FIRST MANAGEMENT INC 1813 N DEAN RD STE 103 ORLANDO, FL 32817 US		
2. Principal Place of Business C/O Hara Management, Inc. Suite, Apt. #, etc. 118 N. Wymore Rd City & State Winter Park FL Zip 32789		3. Mailing Address C/O Hara Management, Inc. Suite, Apt. #, etc. 118 N. Wymore Rd City & State Winter Park, FL Zip 32789			
4. FEI Number 59-3438763		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEELER, LAWRENCE M C/O PENN FIRST MANAGEMENT INC 1813 N DEAN RD STE 103 ORLANDO, FL 32817			7. Name and Address of New Registered Agent Name Robert Hara Street Address (P.O. Box Number is Not Acceptable) C/O Hara Management, Inc. 118 N. Wymore Rd City Winter Park, FL Zip Code 32789		
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 4-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALENTIN, CHRIS 418 POINT ALLYSON WAY ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURKE, JERRY 502 POINTE ALLYSON WAY ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIOT, LARRY 513 POINTE ALLYSON WAY ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					