

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90025 002 ****61.25

DOCUMENT # N97000000360 1. Entity Name CHEL TENHAM HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O HARA MGMT., INC. 118 N WYMORE RD. WINTER PARK, FL 32789 US		Mailing Address C/O HARA MGMT., INC. 118 N WYMORE RD. WINTER PARK, FL 32789 US	
2. Principal Place of Business - No P.O. Box # % HARA MANAGEMENT INC Suite, Apt. #, etc. 931 S. Semoran Blvd #214 City & State Winter Park, FL Zip 32792 Country US		3. Mailing Address % HARA MANAGEMENT, INC Suite, Apt. #, etc. 931 S. Semoran Blvd #214 City & State Winter Park, FL Zip 32792 Country US	
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 HARA, ROBERT C/O HARA MANAGEMENT INC 118 N WYMORE RD. WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 931 S. Semoran Blvd #214 City Winter Park State FL Zip Code 32792	
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 _____ <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, 2008		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			
TITLE	PD VALENTIN, CHRIS <input type="checkbox"/> Delete STREET ADDRESS 418 POINT ALLYSON WAY CITY-ST-ZIP ORLANDO, FL 32825	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD SALAMAT, BELINDA <input checked="" type="checkbox"/> Delete STREET ADDRESS 508 POINTE ALLYSON WAY CITY-ST-ZIP ORLANDO, FL 32825	TITLE	VP/D Schulte Virginia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 10014 Tikimber Lane CITY-ST-ZIP ORLANDO, FL 32825
TITLE	VD DONALDSON, CAROL <input checked="" type="checkbox"/> Delete STREET ADDRESS 10032 TIKIMBER COURT CITY-ST-ZIP ORLANDO, FL 32825	TITLE	S/T/D Figearo, FRANK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 526 Point Allyson Way CITY-ST-ZIP ORLANDO, FL 32825
TITLE	 <input type="checkbox"/> Delete	TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	 <input type="checkbox"/> Delete	TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	 <input type="checkbox"/> Delete	TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Chris Valentin		Date 4-24-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	