2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000360

FILED Apr 13, 2009 Secretary of State

Entity Name: CHELTENHAM HOMEOWNERS ASSOCIATION, INC.

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|

C/O HARA MGMT. INC 931 S. SEMORAN BLVD. 931 S. SEMORAN BLVD. SUITE #214

WINTER PARK, FL 32792 US WINTER PARK, FL 32792 US

Current Mailing Address: New Mailing Address:

C/O HARA MGMT. INC 931 S. SEMORAN BLVD.

931 S. SEMORAN BLVD. #214 SUITE #214

WINTER PARK, FL 32792 US WINTER PARK, FL 32792 US

FEI Number: 59-3438763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARA, ROBERT
931 S. SEMORAN BLVD. #214
WINTER PARK, FL 32792 US
HARA MANAGEMENT, INC.
931 S. SEMORAN BLVD.
SUITE #214

WINTER PARK, FL 32792 US SUITE #214
WINTER PARK, FL 32792 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: ROBERT HARA 04/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: () Change () Addition

 Name:
 VALENTIN, CHRIS
 Name:

 Address:
 418 POINT ALLYSON WAY
 Address:

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:

Title: STD () Delete Title: VPD (X) Change () Addition

 Name:
 FIGEARO, FRANK
 Name:
 SCHULTE, VIRGINIA

 Address:
 526 POINT ALLYSON WAY
 Address:
 10014 TIKIMBER LANE

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:
 ORLANDO, FL 32825

Title: STD () Change (X) Addition

Name:Name:FIGEARO, FRANKAddress:Address:526 POINTE ALLYSON WAYCity-St-Zip:City-St-Zip:ORLANDO, FL 32825

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: CHRIS VALENTIN PRES 04/13/2009