

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42599

**Entity Name:** CHEVAL WEST COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33618

**FILED**  
**Feb 05, 2020**  
**Secretary of State**  
**1430163286CC**

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618 US

**FEI Number: 59-3136614**

**Certificate of Status Desired: No**

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

GARDNER, TRUETT  
400 N. ASHLEY DR  
SUITE 1100  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name BROWN, HARRY BUTCH  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title PD  
Name MCCLAIN, TIM  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title VP  
Name HOSTLER, SCOTT  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title D  
Name BOWMAN, DAVE  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title SD  
Name WILLSIE, TRACY  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

*I hereby 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 all other like empowered.*

**SIGNATURE: TIM MCCLAIN**

**PD**

**02/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date