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 03/02/2016

Electronic Signature of Signing Officer/Director Detail

2016 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

Current Mailing Address:

4131 GUNN HWY TAMPA, FL 33618 US

FEI Number: 59-3136614

Name and Address of Current Registered Agent:

GARDNER, TRUETT 400 N. ASHLEY DR SUITE 1100 TAMPA, FL 33602 US FILED Mar 02, 2016 Secretary of State CC0454449513

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Oncerbirector Detail.			
Title	VPTD	Title	PD
Name	LORI, LENCIONI	Name	MCCLAIN, TIM
Address	4131 GUNN HWY	Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618	City-State-Zip:	TAMPA FL 33618
Title	SD	Title	D
Name	HOSTLER, SCOTT	Name	HARMER, ROHN
Address	4131 GUNN HWY	Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618	City-State-Zip:	TAMPA FL 33618
Title	D		
Name	NAGY, RON		
Address	4131 GUNN HWY		
City-State-Zip:	TAMPA FL 33618		

Date