

**2022 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**

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

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

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

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

Title           DIRECTOR  
Name           ECONOMU, JACK  
Address        4131 GUNN HIGHWAY  
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: TRACY WILLSIE**

**PRESIDENT**

**02/16/2022**

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

\_\_\_\_\_  
Date