


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 744272
1. Entry Name
CHANTARENE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 3338 CHANTARENE DRIVE PENSACOLA, FL 32507 US	Mailing Address PO BOX 4749 4749 PENSACOLA, FL 32507 US
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01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2343994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BREFKA, NANCY
3382 CHANTARENE
PENSACOLA, FL 32507

**DO NOT WRITE
IN THIS SPACE**

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: *Debra B. Watts* DATE: 1/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREFKA, NANCY 3382 CHANTARENE DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TRIMBLE, HENRY 3401 CHANTARENE DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATTS, DEBRA 3421 CHANTARENE DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIMBLE, HENRY 3401 CHANTARENE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DICKSON, PAT 3386 CHANTARENE DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80093-006 61.25

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Debra B. Watts* DATE: 1/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR