

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # 744272	
1. Entity 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



01102008 No Chg-NP CR2E037 (4/06)

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

MOORE, ED
 3370 CHANTARENE DR
 PENSACOLA, FL 32507

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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: *Ed Moore* President DATE: 1/14/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing **\$5.00** May Be Added to Fees

-Trust Fund Contribution

U00000786263
 01/17/08-80033-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORREN, LONNIE 3438 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	PD MOORE, ED 3370 CHANTARENE DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* Debra B. Watts, Treasurer DATE: 1/10/08 (850) 458-7879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #