2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749708

FILED Apr 30, 2008 Secretary of State

Entity Name: CHANNING VILLAS HOMEOWNERS ASSOC., INC.

Current Principal Place of Business:				New Principal Plac	New Principal Place of Business:		
	TH CONGRES	S AVE					
SUITE 1-C WEST PAI	, LM BEACH, FL	33406	US				
Current Mailing Address:				New Mailing Addr	New Mailing Address:		
2328 SOU	TH CONGRES	SAVE					
SUITE 1-C WEST PAI) LM BEACH, FL	33409	US				
FEI Number:	: 59-1950581	FEI Num	ber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Re	egistered Agent:	Name and Address	s of New Registered Agent:		
ST JOHN,	CORE, LEMME	, PA		JAY STEVEN LEVIN	NE, PA		
	UM PLACE	-		3300 PGA BLVD			
	I/CENTURION ' LM BEACH, FL		IS	SUITE #350	DENS, FL 33410 US		
					•		
	named entity s e of Florida.	ubmits th	is statement for the p	ourpose of changing its registe	red office or registered agent, or both		
SIGNATUF	RE: JAY LEVIN	1E			04/30/2008		
			re of Registered Ag	ent	Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title:	DP ()	Delete		Title:	() Change () Addition		
Name:	KINARD, JIM	LOIDOLE		Name:			
Address: City-St-Zip:	11944 SUELLEN WELLINGTON, F			Address: City-St-Zip:			
only of Zip.	VVEEEII VOTOIN, 1	L 35414		Oity Ot Zip.			
Title:	* *	Delete		Title:	() Change () Addition		
Name:	STIDHAM, NELL			Name:			
Address:	12056 SUELLEN			Address:			
City-St-Zip:	WELLINGTON, F	⁻ L 33414		City-St-Zip:			
	DT ()	Delete		Title:	() Change () Addition		
Title:				NI	· / • · /		
	MCGINNESS, AN	NIN⊏		Name:			
Name:	MCGINNESS, AN 11957 SUELLEN			Name: Address:			
Name: Address:		I CIRCLE					
Name: Address: City-St-Zip:	11957 SUELLEN WELLINGTON, F	CIRCLE FL 33414		Address: City-St-Zip:	() Change () Addition		
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Name: Address: City-St-Zip: Title: Name: Address:	11957 SUELLEN WELLINGTON, F D () CARLTON, THEF 11909 SUELLEN WELLINGTON, F D () ACKLEY, AMBE	I CIRCLE FL 33414 Delete RESA I CIRCLE FL 33414 Delete R I CIRCLE		Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:			
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM KINARD PD 04/30/2008