

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90311 009 \*\*\*\*61.25

**DOCUMENT # N01000004304**

1. Entity Name  
**CHOLUPA PLANTATIONS HOME OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**225 NORTH LAKE AVE  
LAKE BUTLER, FL 32054**

Mailing Address  
**P.O. BOX 233  
LAKE BUTLER, FL 32054**

**50043942**



2. Principal Place of Business  
**15520 NW 288th Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**15520 NW 288th Lane**  
Suite, Apt. #, etc.

02112005 Chg-NP CR2E037 (10/03)

City & State  
**Alachua, Florida**

City & State  
**Alachua, Florida**

Zip Country  
**32615 USA**

Zip Country  
**32615 USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent  
**BOLES, LINDA C  
225 NORTH LAKE AVE  
LAKE BUTLER, FL 32054**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
Name  
**Welter, James S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**15520 NW 288th Lane**  
City  
**Alachua** **FL** Zip Code  
**32615**

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 James S. Welter James S. Welter **4-10-05**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLES, LINDA C 225 NORTH LAKE AVENUE LAKE BUTLER, FL 32054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Welter, James S. 15520 NW 288th Lane Alachua, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, DENISE C 22209 NW 188TH ST HIGH SPRINGS, FL 32643 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hurt, Cheryl 15624 NW 288th Lane Alachua, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUGGS, CHRISTINA RT 4 BOX 3495 LAKE BUTLER, FL 32054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hersee, Susan 15906 NW 288th Lane Alachua, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James S. Welter **James S. Welter 4-10-05** **352-359-3846**