


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000004304	
1. Entity Name CHOLUPA PLANTATIONS HOME OWNERS ASSOCIATION, INC.	

Principal Place of Business 15520 NW 288TH LANE ALACHUA, FL 32615	Mailing Address 15520 NW 288TH LANE ALACHUA, FL 32615
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DO NOT WRITE IN THIS SPACE



02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELTER, JAMES S.
15520 NW 288TH LANE
ALACHUA, FL 32615

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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: James S. Welter JAMES S. WELTER 2-15-06
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, 2006**

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

U000000437804
02/28/06-80061-017 8.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WELTER, JAMES S.
STREET ADDRESS	15520 NW 288TH LANE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	HURT, CHERYL
STREET ADDRESS	15624 NW 288TH LANE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	HERSEE, SUSAN
STREET ADDRESS	15906 NW 288TH LANE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000437804
02/28/06-80061-018 61.25

**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: James Welter JAMES WELTER 2-15-06 352-359-3846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #