

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM.
Secretary of State

DOCUMENT # N02000005237 1. Entity Name CHAU SUBDIVISION HOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business 4601 HAINES RD SAINT PETERSBURG, FL 33714	Mailing Address 4601 HAINES RD SAINT PETERSBURG, FL 33714
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04092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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 BURDEN, BRIAN A 120 S. WILLOW AVENUE TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000112641 04/14/04-80029-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAU, QUANG 5944 34TH STREET NORTH, SUITE 17 ST. PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VO, MAI V. 5944 34TH STREET NORTH, SUITE 17 ST. PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAU, DINH 5944 34TH STREET NORTH, SUITE 17 ST. PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAU, TUYET T 5944 34TH STREET NORTH, SUITE 17 ST. PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAU, HAI T 5944 34TH STREET NORTH, SUITE 17 ST. PETERSBURG, FL 33714
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 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: *Dinh Chau* **DINH CHAU** **4-10-04** **727 642 6744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #