

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005237

FILED
Mar 02, 2007
Secretary of State

Entity Name: CHAU SUBDIVISION HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4601 HAINES RD
SAINT PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

4601 HAINES RD
SAINT PETERSBURG, FL 33714

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURDEN, BRIAN A
120 S. WILLOW AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAU, QUANG
Address: 5944 34TH STREET NORTH, SUITE 17
City-St-Zip: ST. PETERSBURG, FL 33714

Title: VD () Delete
Name: VO, MAI V.
Address: 5944 34TH STREET NORTH, SUITE 17
City-St-Zip: ST. PETERSBURG, FL 33714

Title: TD () Delete
Name: CHAU, DINH
Address: 5944 34TH STREET NORTH, SUITE 17
City-St-Zip: ST. PETERSBURG, FL 33714

Title: D () Delete
Name: CHAU, TUYET T
Address: 5944 34TH STREET NORTH, SUITE 17
City-St-Zip: ST. PETERSBURG, FL 33714

Title: D () Delete
Name: CHAU, HAI T
Address: 5944 34TH STREET NORTH, SUITE 17
City-St-Zip: ST. PETERSBURG, FL 33714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VO, MAI V

VD

03/02/2007

Electronic Signature of Signing Officer or Director

Date