

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90065 027 ****61.25

DOCUMENT # N02000005237

1. Entity Name

CHAU SUBDIVISION HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**120 S. WILLOW AVENUE
TAMPA FL 33606**

Mailing Address

**120 S. WILLOW AVENUE
TAMPA FL 33606**

2. Principal Place of Business

4601 HAINES RD.

Suite, Apt. #, etc.

3. Mailing Address

4601 HAINES RD.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip **33714**

Country

Pinellas

Zip

33714

Country

Pinellas

4. FEI Number

N/A

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-03

FILE NOW: FEE IS \$61.25

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

TITLE **PD** ☐ Delete
NAME **CHAU, QUANG**
STREET ADDRESS **5944 34TH STREET NORTH, SUITE 17**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE **VD** ☐ Delete
NAME **VO, MAI V.**
STREET ADDRESS **5944 34TH STREET NORTH, SUITE 17**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE **TD** ☐ Delete
NAME **CHAU, DINH**
STREET ADDRESS **5944 34TH STREET NORTH, SUITE 17**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE **D** ☐ Delete
NAME **CHAU, TUYET T**
STREET ADDRESS **5944 34TH STREET NORTH, SUITE 17**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE **D** ☐ Delete
NAME **CHAU, HAI T**
STREET ADDRESS **5944 34TH STREET NORTH, SUITE 17**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

1-18-03

CR2E037 (10/02)