

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

04-28-2005 90153 019 ****61.25

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DOCUMENT # N04000003589 1. Entity Name CHENEY WALK ESTATES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 5300 SW 91ST TERRACE GAINESVILLE, FL 32608			Mailing Address 5300 SW 91ST TERRACE GAINESVILLE, FL 32608		
2. Principal Place of Business 5341 SW 91st Terrace			3. Mailing Address PO Box 14121		
Suite, Apt. #, etc. Suite A			Suite, Apt. #, etc. 		
City & State Gainesville, FL			City & State Gainesville, FL		
Zip 32608		Country Alachua		4. FEI Number 59-3801023	
Zip 32608		Country Alachua		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOLEY, THOMAS 5216 SW 91ST TERRACE GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent Name Jose E. Medina, Jr. Street Address (P.O. Box Number is Not Acceptable) 5341 SW 91st Terrace, Suite A City Gainesville FL Zip Code 32608	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent, and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> 7/13/05 <small>DATE</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD FOLEY, THOMAS 5216 SW 91ST TERRACE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHNEIDER, GARY B 5300 SW 91ST TERRACE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROWE, ROBERT R 5300 SW 91ST TERRACE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:				4-27-05 352-335-7846	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	