

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010372

FILED
Mar 28, 2007
Secretary of State

Entity Name: CHARDONNAY ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 HWY 20 E
SUITE 313
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

PO BOX 5263
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-3196760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDSBERGER, DARLANE
4400 HWY 20 E
SUITE 313
NICEVILLE, FL 32578 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: LUNDQUIST, JAN S
Address: 1067 NAPA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: VPD () Delete
Name: AMMON, MEG
Address: 1039 NAPA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: SUAREZ, MARLENE
Address: 1014 NAPA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: ORMSBEE, JOHN
Address: 1038 NAPA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: LEACH, MICHAEL
Address: 1018 NAPA WAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SUAREZ, MARLENE
Address: 1014 NAPA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: VD (X) Change () Addition
Name: MCGRAW, ALEX
Address: 1037 NAPA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: TD (X) Change () Addition
Name: WALKER, MARGRET
Address: 1024 NAPA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: SD (X) Change () Addition
Name: DEMMA, MELISSA
Address: 1045 NAPA WAY
City-St-Zip: NICEVILLE, FL 32578

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: MARLENE SUAREZ

PD

03/28/2007

Electronic Signature of Signing Officer or Director

Date