FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -9 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04753 (2)

1. Corporation Name

CHARDONNAY HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14025 TROUVILLE DR TAMPA FL 33624	14025 TROUVILLE DR TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1984
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2932163 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILLIAM F PAWLOWSKI
14050 TROUVILLE DR
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	PATTON, JAMES B.	1.2 NAME	ANASTOS, RAMON P.	
STREET ADDRESS	14015 TROUVILLE DR.	1.3 STREET ADDRESS	14102 BEAUVILLE COURT	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	V	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	ANASTOS, RAMON P	2.2 NAME	COOPER, HARRY F.	
STREET ADDRESS	14102 BEAUVILLE CT.	2.3 STREET ADDRESS	14112 TROUVILLE DRIVE	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	ST	3.1 TITLE	SEC	☒ Change ☐ Addition
NAME	COOPER, HARRY F	3.2 NAME	CANTOR, LINDA L.	
STREET ADDRESS	14112 TROUVILLE DR	3.3 STREET ADDRESS	14003 TROUVILLE DRIVE	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	4.1 TITLE	TR	☒ Change ☐ Addition
NAME	CANTOR, LINDA L	4.2 NAME	KLUESNER, RALPH	
STREET ADDRESS	14003 TROUVILLE DR.	4.3 STREET ADDRESS	14129 TROUVILLE DRIVE	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	5.1 TITLE	DIR	☒ Change ☐ Addition
NAME	KLUESNER, RALPH	5.2 NAME	HUDSON, BETTY	
STREET ADDRESS	14129 TROUVILLE DR	5.3 STREET ADDRESS	14022 NOTREVILLE WAY	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	6.1 TITLE	DIR	☐ Change ☒ Addition
NAME	PALOMBO, ALBERT	6.2 NAME	PELLEGRINO, ROBERT	
STREET ADDRESS	14011 NOTREVILLE WAY	6.3 STREET ADDRESS	14030 NOTREVILLE WAY	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TAMPA, FL 33624	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ramon P. Anastos RAMON P. ANASTOS 2/8/95 813-960-9857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054720