2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 03, 2000 8:00 am Secretary of State **DOCUMENT # N04753** 1. Entity Name CHARDONNAY HOMEOWNER'S ASSOCIATION, INC. 03-03-2000 90236 044 ****70.00 Principal Place of Business Mailing Address 14025 TROUVILLE DR 14025 TROUVILLE DR UU029907 TAMPA FL 33624 TAMPA FL 33624-6961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2932163 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUDSON, ALTON C 14022 NOTREVILLE WAY **TAMPA FL 33624** apose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity subry SIGNATURE ure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **城** Vタ TREASURER **★** Addition Delete TITI F TITLE MARTHA BALTAR NAME HARDING, ROBERT NAME STREET ADDRESS STREET ADDRESS 14114 TROUVILLE DRIVE 14069 TROUVELLE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 TAMPA FL 33624 ☐ Addition Change ☐ Delete TITLE TITLE COOPER, HARRY F NAME NAME STREET ADDRESS STREET ADDRESS 14112 TROUVILLE DRIVE CITY-ST-ZIP CITY-ST-ZIP Tampa Fl Delete TITLE Change Change Addition TITLE HARDING, ROBERT CANTOR, LINDA L NAME NAME 14114 TROUVELLE DR STREET ADDRESS STREET ADDRESS 14003 TROUVILLE DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 tampa fl ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KLUESNER, RALPH STREET ADDRESS STREET ADDRESS 14129 TROUVILLE DR. CITY-ST-ZIE CITY-ST-ZIP tampa fl X Delete TITLE DIRECTOR Addition TITLE ERNEE GARGEA GAMACHE, CAROL NAME NAME 14023 TROUVILLE DR STREET ADDRESS STREET ADDRESS 14127 TROUVILLE DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 TAMPA. FL 33624 SECRETARY M Addition Delete TITLE TITLE FRAN FALKENBERRY DERBY, KATHLEEN G. NAME NAME TROUVELLE STREET ADDRESS 14123 STREET ADDRESS 14032 TROUVILLE DRIVE CITY-ST-ZIP CITY-ST-ZIP 33624 tampa fl FL TAMPA

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 eath; that I am an officer or director of the corporation or the receiver of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/23/2000

Daytime Phone #