

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90033 003 ****70.00

DOCUMENT # N04753

1. Entity Name

CHARDONNAY HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

**14025 TROUVILLE DR
TAMPA FL 33624**

Mailing Address

**14025 TROUVILLE DR
TAMPA FL 33624**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2932163

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARMER, GARY E
4809 A EHRlich RD
TAMPA FL 33624**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BALTAR, MARTHA 14069 TROUVILLE DR TAMPA FL 33624	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, HARRY F 14112 TROUVILLE DRIVE TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDING, ROBERT 14114 TROUVILLE DR TAMPA FL 33624	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLUESNER, RALPH 14129 TROUVILLE DR. TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ERNIE 14023 TROUVILLE DR TAMPA FL 33624	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALKENBERRY, FRAN 14123 TROUVILLE DR TAMPA FL 33624	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)