2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90233 040 ****61.25

DOCUMENT # N04753

1. Entity Name
CHARDONNAY HOMEOWNER'S ASSOCIATION, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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 Shannan Killian, LCAM Street Address (P.O. Box Number is Not Acceptable) 4131 Gunn Hwy City Tampa FL Zip Code 33624

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.

SIGNATURE Shannan Killian, LCAM 02/5/03
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 Florida 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	P.D. BALTAR, MARTHA 14069 Trouville Dr Tampa, FL 33624	☒ Change ☐ Addition
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-D. COOPER, HARRY F. 14112 Trouville Dr. Tampa, FL. 33624	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETIGNY, PEARL 14062 TROUVILLE DR. TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. JEANNE M. Bumie 14017 Trouville Dr. Tampa, FL 33624	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ NOWELL, TRICIA 14004 TROUVILLE DR. TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.D. Tricia Nowell 14004 Trouville Dr. Tampa, FL 33624	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ SGAMBATO, THERESA 14020 TROUVILLE DR. TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.D. SGAMBATO, THERESA 14020 Trouville Dr. Tampa, FL. 33624	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~WILLIAMS, CLARKE~~ ~~14082 TROUVILLE DR.~~ ~~TAMPA FL 33624~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joseph Stern 14130 Trouville Dr. Tampa, FL. 33624	☐ Change ☒ Addition

CR2E037 (10/02)

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 REQUIRED 2-15-03 813 885 8062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #