

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27826** (9)
1. Corporation Name
CHARDEE ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
% WILLIAM L. WINSTEAD 6264 WINSTEAD RD. CRESTVIEW FL 32539 US		C/O WILLIAM L. WINSTEAD 6264 WINSTEAD RD. CRESTVIEW FL 32539 US	
2. Principal Place of Business	2a. Mailing Address		
21 6120 Evergreen Pkwy	26 6120 Evergreen Pkwy		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23 Crestview FL	28 Crestview FL		
Zip	Country	Zip	Country
24 32539	25 Okaloosa	29 32539	30 Okaloosa

3. Date Incorporated or Qualified	
08/05/1988	
4. FEI Number	Applied For
59-2942164	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Is this nonprofit corporation a homeowners association?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WINSTEAD, WILLIAM L. 6264 WINSTEAD RD. CRESTVIEW FL 32539		81 Name Betty Hedeman 82 Street Address (P.O. Box Number is Not Acceptable) 6120 Evergreen Pkwy 83 84 City Crestview FL 85 Zip Code 32539	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Thomas Burt* 1-26-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WINSTEAD, WILLIAM L.	1.2 NAME	Thomas Burt
STREET ADDRESS	6264 WINSTEAD RD.	1.3 STREET ADDRESS	9950 Bandera Dr
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	Navarre FL 32566
TITLE	VD	2.1 TITLE	VD
NAME	KELLEY, WILLIAM P.	2.2 NAME	Deborah Holland
STREET ADDRESS	6264 WINSTEAD RD.	2.3 STREET ADDRESS	5994 Chardee Rd
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	Crestview FL 32539
TITLE	STD	3.1 TITLE	STD
NAME	WINSTEAD, AUDREY J	3.2 NAME	Betty Hedeman
STREET ADDRESS	6264 WINSTEAD RD.	3.3 STREET ADDRESS	6120 Evergreen Pkwy
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	Crestview FL 32539
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Thomas Burt* 1-26-98

CR2E037 (10/97)