

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90128 004 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27826

1. Corporation Name

CHARDEE ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% WILLIAM L. WINSTEAD
6120 EVERGREEN PKWY
CRESTVIEW FL 32529
US

Mailing Address

C/O WILLIAM L. WINSTEAD
6120 EVERGREEN PKWY
CRESTVIEW FL 32539
US



2. Principal Place of Business

21 Betty A. Hedeman

2a. Mailing Address

26 Betty A. Hedeman

Suite, Apt. #, etc.

22 6120 EVERGREEN PKY

Suite, Apt. #, etc.

27 6120 EVERGREEN PKY

City & State

23 Crestview, FL

City & State

28 Crestview, FL

Zip

24 32539

Country

25 OKLAHOMA

Zip

29 32539

Country

30 OKLAHOMA

3. Date Incorporated or Qualified

08/05/1988

4. FEI Number

59-2942164

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

9. Name and Address of Current Registered Agent

HEDEMAN, BETTY
6120 EVERGREEN PKWY
CRESTVIEW FL 32539

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 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 *Betty G. Hedeman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 15, 1999

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BURT, THOMAS
STREET ADDRESS 9950 BANDERA DR
CITY-ST-ZIP NAVARRE FL 32566

☐ DELETE

TITLE VD
NAME HOLLAND, DEBORAH
STREET ADDRESS 5994 CHARDEE RD
CITY-ST-ZIP CRESTVIEW FL 32539

☐ DELETE

TITLE STD
NAME HEDEMAN, BETTY
STREET ADDRESS 6120 EVERGREEN PKWY
CITY-ST-ZIP CRESTVIEW FL 32539

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Betty G. Hedeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-15-99

850-939-5026

CR2E037 (1/98)