

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90271 001 ****61.25

DOCUMENT # N27826

1. Entity Name

CHARDEE ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

3983 BAMBI DR.
CRESTVIEW FL 32539
US

Mailing Address

3983 BAMBI DR.
CRESTVIEW FL 32539
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number
59-2942164

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PITTS, PHYLLIS
3983 BAMBI DR.
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name: Troy Hedeman
Street Address (P.O. Box Number is Not Acceptable):
6120 Evergreen
City: Crestview FL Zip Code: 32539

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: Troy C. Hedeman

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/9/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	P	NAME	PITTS, WILLIAM E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			3983 BAMBI RD.	
CITY-ST-ZIP			CRESTVIEW FL 32539	
TITLE	V	NAME	HEDEMAN, TROYE	<input type="checkbox"/> Delete
STREET ADDRESS			3928 CHAMBRAY RD.	
CITY-ST-ZIP			CRESTVIEW FL 32539	
TITLE	ST	NAME	PITTS, PHYLLIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			3983 BAMBI RD	
CITY-ST-ZIP			CRESTVIEW FL 32539	
TITLE	D	NAME	HARDEN, DELORIS	<input type="checkbox"/> Delete
STREET ADDRESS			3990 BAMBI RD.	
CITY-ST-ZIP			CRESTVIEW FL 32539	
TITLE	D	NAME	HEDEMAN, BETTY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			6120 EVERGREEN PKWY	
CITY-ST-ZIP			CRESTVIEW FL 32539	
TITLE	D	NAME	CORBETT, DIXIE L	<input type="checkbox"/> Delete
STREET ADDRESS			3935 CHAMBRAY RD	
CITY-ST-ZIP			CRESTVIEW FL 32539	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	Clifton, Thomas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3922 Chambray Rd	
CITY-ST-ZIP			Crestview, FL 32539	
TITLE	V.P.	NAME	Banks, Jerry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2836 Bambi Rd	
CITY-ST-ZIP			Crestview, FL 32539	
TITLE	ST	NAME	Hedeman, Troye	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6120 Evergreen	
CITY-ST-ZIP			Crestview, FL 32539	
TITLE	D	NAME	Snow, Sason	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3919 Bambi Rd.	
CITY-ST-ZIP			Crestview, FL 32539	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

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: Troy C. Hedeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04

Date

850-682-5764

Daytime Phone #