


UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90212 024 ****61.25

DOCUMENT # N27826	
1. Entity Name Chardee Acres Homeowners Assoc. Inc.	

DO NOT WRITE IN THIS SPACE

14006227

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3928 Chambray Rd		3. Mailing Address 3928 Chambray Rd		DUE BY MAY 1	
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State Crestview FL		City & State Crestview FL		4. FEI Number 59-2942164	
Zip 32539		Country USA		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Troye Hedeman
Address (P.O. Box Number is Not Applicable) 3928 Chambray Road
City, State, Zip Crestview FL 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 **Troye A. Hedeman** **4/23/05**
Signature, typed or printed name of registered agent and that applicable DATE

9. Capital Contributions as Shown on record 10. Amount of Capital Contributions in FLORIDA to date 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	JERRY Banks President Bambi Road Crestview FL 32539	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	Troye Hedeman Sec./Treas. 3928 Chambray Road Crestview FL 32539	STREET ADDRESS CITY - ST - ZIP
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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **Troye A. Hedeman** **4/23/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE

STAPLE CHECK HERE

CR2E003B (12/02)