

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N27826 | |
| 1. Entity Name CHARDEE ACRES HOMEOWNERS ASSOCIATION, INC. | |



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|---|---|
| Principal Place of Business 3928 CHAMBRAY RD CRESTVIEW, FL 32539 US | Mailing Address 3928 CHAMBRAY RD CRESTVIEW, FL 32539 US |
|---|---|



02172008 No Chg-NP CR2E037 (11/05)

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|---|--------------------------------|
| 4. FEI Number 59-2942164 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HEDEMAN, TROYE 3928 CHAMBRAY ROAD CRESTVIEW, FL 32539 |
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6. 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 Hedeman DATE 2-18-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST HEDEMAN, TROYE 3928 CHAMBRAY ROAD CRESTVIEW, FL 32539 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BANKS, JERRY 2836 BAMBI RD CRESTVIEW, FL 32539 |
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03/24/06-80013-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Troye Hedeman DATE 2-16-06 850 682 576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR