


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90096 007 ****61.25

DOCUMENT # N27826					
1. Entity Name CHARDEE ACRES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3935 CHAMBRAY RD CRESTVIEW, FL 32539 US			Mailing Address 3935 CHAMBRAY RD CRESTVIEW, FL 32539 US		
2. Principal Place of Business - No P.O. Box # 3935 Chambray Rd.		3. Mailing Address 3935 Chambray Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crestview, Fl., 32539-9717		City & State Crestview, Fl., 32539-9717		4. FEI Number 59-2942164	
Zip 32539-9717		Country U.S.A.		Applied For Not Applicable	
Zip 32539-9717		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEDEMAN, TROYE 3928 CHAMBRAY ROAD CRESTVIEW, FL 32539			7. Name and Address of New Registered Agent Name <u>Dixie Corbett</u> Street Address (P.O. Box Number is Not Acceptable) 3935 Chambray Rd. City <u>Crestview,</u> <u>FL</u> Zip Code <u>32539-9717</u>		
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 <u>Dixie Corbett, Sec./Treas.</u> <i>Dixie Corbett</i>				DATE <u>01/24/2007</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEDEMAN, TROYE 3928 CHAMBRAY ROAD CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sharon Snow 3919 Bambi Rd. Crestview, Fl., 32539-9721	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANKS, JERRY 2836 BAMBI RD CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Chris Lovelady 3922 Chambray Rd. Crestview, Fl., 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Dixie Corbett 3935 Chambray Rd. Crestview, Fl., 32539-9717	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Dixie Corbett</u> <i>Dixie Corbett</i>				DATE <u>01/24/2007</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # <u>850-689-3482</u>	
SECRETARY-TREASURER				DAYTIME PHONE #	