## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N27826

FILED May 01, 2003 Secretary of State

Entity Name: CHARDEE ACRES HOMEOWNERS ASSOCIATION, INC.

Current Pi	rincipal Place	of Business:	New Prince	New Principal Place of Business:	
3983 BAME CRESTVIE	BI DR. EW, FL 32539	US			
Current Mailing Address:			New Maili	New Mailing Address:	
3983 BAME CRESTVIE	BIDR. EW, FL 32539	US			
FEI Number:	59-2942164	FEI Number Applied For ( ) FE	l Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of Co	urrent Registered Agent:	Name and	Address of New Registered Agent:	
PITTS, PH 3983 BAME CRESTVIE		US			
	named entity s of Florida.	ubmits this statement for the purpo	se of changing i	its registered office or registered agent, or both,	
SIGNATUF					
	Electroni	c Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()  CORBETT, EDW 3935 CHAMBRA CRESTVIEW, FL	Y RD	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition PITTS, WILLIAM E 3983 BAMBI RD. CRESTVIEW, FL 32539	
Title: Name: Address: City-St-Zip:	V () I KOON, STANLEY P O BOX 599 MILL CREEK, W		Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition HEDEMAN, TROYE 3928 CHAMBRAY RD. CRESTVIEW, FL 32539	
Title: Name: Address: City-St-Zip:	ST () PITTS, PHYLLIS 3983 BAMBI RD CRESTVIEW, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HARDEN, DELO 3990 BAMBI RD CRESTVIEW, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HEDEMAN, BET 6120 EVERGRE CRESTVIEW, FL	EN PKWY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I CORBETT, DIXIE 3935 CHAMBRA CRESTVIEW, FL	Y RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS M. PITTS S/T 05/01/2003