


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # N30147 1. Entity Name CHALFONT HEIGHTS HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 8413 ST. GILES CT. ZEPHYRHILLS, FL 33541	Mailing Address 8413 ST. GILES CT. ZEPHYRHILLS, FL 33541	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent GRIFFIS, CYNTHIA A 8413 ST. GILES CT. ZEPHYRHILLS, FL 33541		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE _____
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD REES, BRIAN 8401 ST GILES CT ZEPHYRHILLS, FL 33541	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD SWEENEY, RODNEY 8408 ST. GILES CT ZEPHYRHILLS, FL 33541	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD GRIFFIS, CYNTHIA 8413 ST. GILES CT. ZEPHYRHILLS, FL 33541	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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>Cynthia A. Griffis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number **04-3767543** Applied For
Not Applicable

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

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01/29/07-80036-005.61.25

**DO NOT WRITE
IN THIS SPACE**

1-22-07 813 782-0466
Date Daytime Phone #