2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30147

FILED Jan 22, 2009 Secretary of State

Entity Name: CHALFONT HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8413 ST. GILES CT.

ZEPHYRHILLS, FL 33541

8413 SAINT GILES CT.

ZEPHYRHILLS, FL 33541

Current Mailing Address: New Mailing Address:

8413 ST. GILES CT.

ZEPHYRHILLS, FL 33541

8413 SAINT GILES CT.

ZEPHYRHILLS, FL 33541

FEI Number: 04-3767543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRIFFIS, CYNTHIA A

8413 ST. GILES CT.

ZEPHYRHILLS, FL 33541 US

GRIFFIS, CYNTHIA A

8413 SAINT GILES CT.

ZEPHYRHILLS, FL 33541 US

ZEPHYRHILLS, FL 33541 US

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.

SIGNATURE: 01/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 REES, BRIAN
 Name:
 SWEENY, RODNEY

 Address:
 8401 ST GILES CT
 Address:
 8408 SAINT GILES CT.

Address: 8401 ST GILES CT Address: 8408 SAINT GILES CT.

City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: ZEPHYRHILLS, FL 33541

 Title:
 VD
 () Delete
 Title:
 VD
 (X) Change () Addition

 Name:
 SWEENEY, RODNEY
 Name:
 JUDGE, CATHERINE

Address: 8408 ST.GILES CT Address: 8419 SAINT GILES CT.
City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: ZEPHYRHILLS, FL 33541

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 GRIFFIS, CYNTHIA
 Name:
 GRIFFIS, CYNTHIA

 Address:
 8413 ST. GILES CT.
 Address:
 8413 SAINT GILES CT.

 City-St-Zip:
 ZEPHYRHILLS, FL 33541
 City-St-Zip:
 ZEPHYRHILLS, FL 33541

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CYNTHIA A GRIFFIS STD 01/22/2009