

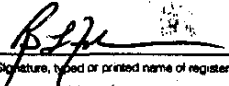
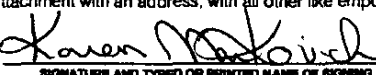


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90231 009 \*\*\*\*70.00

<b>DOCUMENT # N35484</b> 1. Entity Name <b>CHEVALIER SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 34322 PENSACOLA, FL 32507 US</b>			Mailing Address <b>P.O. BOX 34322 PENSACOLA, FL 32507 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-3098027</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04042006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent  <b>WAGNER, BILL 5035 CHALLENGER WAY PENSACOLA, FL 32507</b>			7. Name and Address of New Registered Agent Name <b>Robert Folmar</b> Street Address (P.O. Box Number is Not Acceptable) <b>2004 Bearcat Court</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32507</b>		
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  <span style="float: right;">4/12/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAGNER, BILL 5035 CHALLENGER WAY PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>Robert Folmar</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2004 BEARCAT COURT</b> <b>PENSACOLA FL 32507</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UHLMANN, GINA 3018 COSAIR DR PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MALLORY, CHRISTOPHER 5026 JENNY LANE PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KURPAN, LANETTE 6116 ELECTRA LANE PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Allan A. Austin</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4118 Cobia St</b> <b>PENSACOLA FL 32507</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKOVICH, KAREN 5011 CHALLENGER WAY PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		
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: 			4-4-06 8504971945		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		