2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35484

Jul 28, 2008 Secretary of State

Entity Name: CHEVALIER SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

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

2004 BEARCAT COURT PENSACOLA, FL 32507 US

Current Mailing Address:

New Mailing Address:

2004 BEARCAT COURT

P O BOX 34460

PENSACOLA, FL 32507 US PENSACOLA, FL 32507 US

FEI Number: 59-3098027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOLMAR, ROBERT 2004 BEÁRCAT CT

FOLMAR, SHIRLEY 2004 BEARCAT CT

PENSACOLA, FL 32507 US PENSACOLA, FL 32507

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: SHIRLEY FOLMAR

07/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete FOLMAR, ROBERT Name: 2004 BEARCAT CT Address: City-St-Zip:

PENSACOLA, FL 32507

Title: DV () Delete UHLMANN, GINA Name: Address: 3018 COSAIR DR City-St-Zip: PENSACOLA, FL 32507

Title: () Delete AUSTIN, ALLAN A Name: Address: 4118 COBIA ST City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete Name: MARKOVICH, KAREN Address:

5011 CHALLENGER WAY City-St-Zip: PENSACOLA, FL 32507

Title: MBL () Delete KLARNER, KENT Name: 5144 GRUMANN DRIVE Address:

PENSACOLA, FL 32507

City-St-Zip:

(X) Change () Addition

FOLMAR, SHIRLEY Name: Address: 2004 BEARCAT CT City-St-Zip: PENSACOLA, FL 32507

Title: (X) Change () Addition Name: AUSTIN, ALLEN Address: 4118 COBIA STREET

City-St-Zip: PENSACOLA, FL 32507 Title: (X) Change () Addition

SEYKOWSKI, DONALD W Name: Address: 4089 COBIA STREET City-St-Zip: PENSACOLA, FL 32507

TD

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

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: KAREN MARKOVICH Electronic Signature of Signing Officer or Director 07/28/2008

Date