2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N35484

Entity Name: CHEVALIER SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2004 BEARCAT COURT
PENSACOLA, FL 32507 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 34460
PENSACOLA, FL 32507 US

New Mailing Address:

FEI Number: 59-3098027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOLMAR, SHIRLEY
2004 BEARCAT CT
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	FOLMAR, SHIRLEY	
Address:	2004 BEARCAT CT	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	DV	( ) Delete
Name:	AUSTIN, ALLEN	
Address:	4118 COBIA STREET	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	SD	( ) Delete
Name:	SEYKOWSKI, DONALD W	
Address:	4089 COBIA STREET	
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
Name:	KLARNER, KENT	
Address:	5144 GRUMANN DRIVE	
City-St-Zip:	PENSACOLA, FL 32507	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MBL	( ) Change (X) Addition
Name:	KROPOG, REBECCA	
Address:	5023 CHALLENGER WAY	
City-St-Zip:	PENSACOLA, FL 32507	

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 TD 04/01/2009

Electronic Signature of Signing Officer or Director — Date