


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90002 050 ****61.25

DOCUMENT # N36096	
1. Entity Name CHALFONT VILLAS ADULT HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 4741 SILVER CIRCLE ZEPHYRHILLS FL 33541	Mailing Address 4741 SILVER CIRCLE ZEPHYRHILLS FL 33541
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2. Principal Place of Business 4741 Silver Cr.	3. Mailing Address 4741 Silver Cr
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —

2nd MOORE CR2E037 (4/06)

City & State Zephyrhills, FL	City & State Zephyrhills, FL
Zip 33541	Zip 33541
Country USA	Country USA

4. FEI Number NO-T APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THRASHER, MELANIE 4715 SILVER CIRCLE ZEPHYRHILLS FL 33541	
7. Name and Address of New Registered Agent Name Melissa Snyder Street Address (P.O. Box Number is Not Acceptable) 4745 Silver Circle City Zephyrhills FL Zip Code 33541	

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. Freda Abercrombie, President, Chalfont HOA SIGNATURE Melissa Snyder, Treasurer Chalfont HOA 7/17/06 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when recertifying)</small> DATE	
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FILE NOW: FEE IS \$61.25 Due By September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABERCROMBIE, FREDA 4769 SILVER CIRCLE ZEPHYRHILLS FL 33541 <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	VD LARNER, ROGER 4749 SILVER CIRCLE ZEPHYRHILLS FL 33541 <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	S HANSEN, SUSAN 4779 SILVER CIRCLE ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Lisa Beckett 4739 Silver Cir Zephyrhills FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELDER, DEBBIE 4770 SILVER CIRCLE ZEPHYRHILLS FL 33541 <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	TD THRASHER, MELANIE 4715 SILVER CIRCLE ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Melissa Snyder 4745 Silver Cr Zephyrhills, FL 33541 <input checked="" 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.	
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SIGNATURE: Freda Abercrombie (Freda Abercrombie) 7/30/06 813-794-0220
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