

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**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**



03092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DEPAUL, LISA  
4739 SILVER CIRCLE  
ZEPHYRHILLS, FL 33541**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-1-08**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DEPAUL, ADAM
STREET ADDRESS	4739 SILVER CIRCLE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	VP
NAME	HARBESON, RITA
STREET ADDRESS	4759 SILVER CIRCLE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	S
NAME	DEPAUL, LISA
STREET ADDRESS	4739 SILVER CIR
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	D
NAME	ELDER, DEBBIE
STREET ADDRESS	4770 SILVER CIRCLE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	T
NAME	PRETTYMAN, BARBARA
STREET ADDRESS	4772 SILVER CIRCLE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80137-009,70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-08**

DATE

**813-732-1417**

DAYTIME PHONE #