

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36096

FILED
Mar 06, 2010
Secretary of State

Entity Name: CHALFONT VILLAS ADULT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4741 SILVER CIRCLE
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

4741 SILVER CIRCLE
ZEPHYRHILLS, FL 33541

New Mailing Address:

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

Name and Address of Current Registered Agent:

DEPAUL, LISA
4739 SILVER CIRCLE
ZEPHYRHILLS, FL 33541 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: PD
Name: DEPAUL, ADAM
Address: 4739 SILVER CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VP
Name: HARBESON, RITA
Address: 4759 SILVER CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S
Name: DEPAUL, LISA
Address: 4739 SILVER CIR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D
Name: HAMLETT, HAZEL
Address: 4735 SILVER CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: T
Name: PRETTYMAN, BARBARA
Address: 4772 SILVER CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33541

I hereby 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 all other like empowered.

SIGNATURE: LISA DEPAUL

S

03/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date