# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2012**
**Secretary of State**

DOCUMENT# N36096

**Entity Name:** CHALFONT VILLAS ADULT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4741 SILVER CIRCLE
ZEPHYRHILLS, FL 33541

**New Principal Place of Business:**

4741 SILVER CIRCLE
ZEPHYRHILLS, FL 33541 UN

**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: MERRITT, KATHRYN
Address: 4777 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 03/03/2012

Electronic Signature of Signing Officer or Director Date