

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90180 042 ****61.25

DOCUMENT # N42599

1. Entity Name

CHEVAL WEST COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4131 GUNN HWY
TAMPA FL 33624
US**

**4131 GUNN HIGHWAY
TAMPA FL 33624
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3136614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
TAMPA FL 33624**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **PD MILLER, RAY**
STREET ADDRESS **6112 COGNAC CIR.**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Change ☒ Addition
NAME **D Taylor, Vernon**
STREET ADDRESS **18438 St. Laurent**
CITY-ST-ZIP **Lutz, FL 33558**

TITLE ☐ Delete
NAME **TD GALLAGHER, DAN**
STREET ADDRESS **5524 AVE. DU SOLEIL**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☒ Change ☐ Addition
NAME **33558**
STREET ADDRESS **33558**
CITY-ST-ZIP **33558**

TITLE ☐ Delete
NAME **SD LORI, LENCIONI**
STREET ADDRESS **6127 SAVOY CIR.**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☒ Change ☐ Addition
NAME **33558**
STREET ADDRESS **33558**
CITY-ST-ZIP **33558**

TITLE ☒ Delete
NAME **ASD NEFF, RICK**
STREET ADDRESS **4131 GUNN HIGHWAY**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition
NAME **33558**
STREET ADDRESS **33558**
CITY-ST-ZIP **33558**

TITLE ☐ Delete
NAME **ASD RANKIN, DAVID**
STREET ADDRESS **19108 ST. LAURNT**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☒ Change ☐ Addition
NAME **DP 19108 St. Laurent**
STREET ADDRESS **33558**
CITY-ST-ZIP **33558**

TITLE ☐ Delete
NAME **33558**
STREET ADDRESS **33558**
CITY-ST-ZIP **33558**

TITLE ☐ Change ☒ Addition
NAME **D Pentecost, Jonathon**
STREET ADDRESS **26750 US Hwy 19 North, Suite 301**
CITY-ST-ZIP **Clearwater, FL 33761**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

CR2E037 (9/01)