



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90035 022 \*\*\*\*61.25

<b>DOCUMENT # N42599</b>					
1. Entity Name CHEVAL WEST COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HWY TAMPA, FL 33624 US		Mailing Address 4131 GUNN HWY TAMPA, FL 33624 US		<b>50027166</b> 	
2. Principal Place of Business <i>33618</i>		3. Mailing Address <i>33618</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3136614	
Zip <i>33618</i>		Country		Applied For Not Applicable	
Zip <i>33618</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARDNER, J. STEPHEN BUSH ROSS GARDNER WARREN & RUDY, P.A. 220 SOUTH FRANKLIN STREET TAMPA, FL 33602 <i>J. Stephen Gardner</i>				Name <i>J. Stephen Gardner</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>GARDNER LAW GROUP</i>	
				<i>101 S. Franklin Street, Suite 101</i>	
				City <i>Tampa, FL</i> <del>33602</del> <b>FL</b> Zip Code <i>33602</i>	
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 <i>J. Stephen Gardner</i>				J. Stephen Gardner <i>2/28/05</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, DAN		NAME		
STREET ADDRESS	5524 AVE. DU SOLEIL		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORI, LENCIONI		NAME		
STREET ADDRESS	6127 SAVOY CIR.		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, TIM		NAME		
STREET ADDRESS	6110 COGNAC		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANKIN, DAVID		NAME	Whitaker, Nathan	
STREET ADDRESS	19108 ST. LAURENT		STREET ADDRESS	6107 Cognac Circle	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	Lutz, FL 33558	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DON		NAME		
STREET ADDRESS	5535 AVE DUSOLEIL		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>				Date <i>2/28/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	