


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90101 041 \*\*\*\*61.25

<b>DOCUMENT # N42599</b> 1. Entity Name <b>CHEVAL WEST COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>4131 GUNN HWY TAMPA, FL 33618 US</b>			Mailing Address <b>4131 GUNN HWY TAMPA, FL 33618 US</b>		
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 <b>59-3136614</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Gardner Law Group Gardner, J Stephen 101 S. Franklin St. Suite 101 Tampa, FL 33602				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>J. Stephen Gardner</i></u> <span style="float: right;">2/27/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input 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	D	<input type="checkbox"/> Delete	TITLE	<input 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	PD	<input type="checkbox"/> Delete	TITLE	<input 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	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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITAKER, NATHAN		NAME		
STREET ADDRESS	6107 COGNAC CIRCLE		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 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: <u><i>[Signature]</i></u> <span style="float: right;">2/27/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					