2005 NOTFOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # N9400001709 1. Entity Name THE CHEVAL SOUTH NEIGHBORHOOD ASSOCIATION, INC.					-15-2005 90097 041 ****	61.25	
Principal Place of Business 250 VENICE GOLF CLUB DR. VENICE, FL 34292 US Mailing Address 250 VENICE GOLF CLUB DR. VENICE, FL 34292 US				4	, v v z v z v U U V		
Principal Place of Business							
·		Suite, Apt. #, etc.					
Suite, Apt. #, etc.				03092005 Ch	ig-NP CR2E037 (10/0	3)	
City & State		City & State		4. FEI Number 65-049407	6	Applied For Not Applicable	
Zip	Country	Zip	Country	5Certificate of Sta	atus Desired \$8.75	Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	Fee Req	uired	
			Name				
THOMAS, BARBARA JEAN** 250 VENICE GOLF CLUB DR. VENICE, FL 34292		Street Address		ess (P.O. Box Number is N	(P.O. Box Number is Not Acceptable)		
VEITIOE, I							
₹å t			City	City FL Zip Code			
	named entity submits this statement fo	r the purpose of changing its re	gistered office or reg	gistered agent, or both, in	the State of Florida. I am familiar v	ith, and accept	
(rie obliga	ions of registered agent.	10					
No.	- Carpara y &	Momes					
SIGNATURE							
SIGNATURE	Signature, typed or printed name of repistered agent i	and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstaling)	DATE		
SIGNATURE	Signature, typed or printed name of replaced agents Filling Fee Is \$61.25 Due by May 1, 2005	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	DATE Make check payab Florida Department o		
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12. 1 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 received 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 attactories with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY REARDON

3/0/05 941-49684

Oaytime Phone #