

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90017 032 ****61.25

DOCUMENT # N96000000438

1. Entity Name

CHULA WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

820 FANTASY LN
CHULUOTA FL 32766
US

Mailing Address

CHRISTA WOODS HOA
PO BOX 622902
OVIEDO FL 32762



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

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

WASTON, TED J
820 FANTASY LN.
CHULUTE FL 32766

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and his approval.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 P ☐ Delete
NAME HARTMANN, CATHERINE
STREET ADDRESS 828 FANTASY LANE
CITY-STATE-ZIP CHULUOTA FL 32766

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Ted Home
CITY-STATE-ZIP 540 E. 5th St.
Chuluota, FL 32766

TITLE ST ☐ Delete
NAME WATSON, TED J
STREET ADDRESS 820 FANSTY LN
CITY-STATE-ZIP CHULUOTA FL 32766

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME TYLER, AMBER
STREET ADDRESS 825 FANTASY LANE
CITY-STATE-ZIP CHULUOTA FL 32766

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME HEATH, DENA
STREET ADDRESS 825 FANTASY LANE
CITY-STATE-ZIP CHULUOTA FL 32766

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE V ☐ Delete
NAME PRUNER, LOIS
STREET ADDRESS 538 CHULA WOODS CT
CITY-STATE-ZIP CHULUOTA FL 32766

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME MCPHERSON, JENAY
STREET ADDRESS 352 CHULA WOODS COURT
CITY-STATE-ZIP CHULUOTA FL 32766

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ted Watson

02-12-08

(407) 716-0545