

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90028 032 ****61.25

DOCUMENT # N97000000360	
1. Entity Name CHELTENHAM HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business C/O HARA MGMT., INC. 118 N WYMORE RD. WINTER PARK, FL 32789 US	Mailing Address C/O HARA MGMT., INC. 118 N WYMORE RD. WINTER PARK, FL 32789 US
--	--

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



01092007 Chg-NP CR2E037 (12/06)

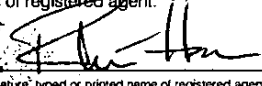
4. FEI Number 59-3438763	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
HARA, ROBERT C/O HARA MANAGEMENT INC 118 N WYMORE RD. WINTER PARK, FL 32789	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

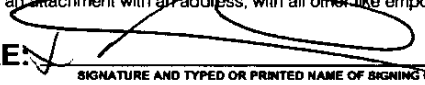
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Robert Hara** **1/30/07**
(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, 2007	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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALENTIN, CHRIS	NAME	
STREET ADDRESS	418 POINT ALLYSON WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SALAMAT, BELINDA	NAME	
STREET ADDRESS	508 POINTE ALLYSON WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DONALDSON, CAROL	NAME	
STREET ADDRESS	10032 TIKIMBER COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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:  **1/29/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #