2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State
05-12-2008 90025 002 ****61.25

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1. Entity Name
CHELTENHAM HOMEOWNERS ASSOCIATION, INC.

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

03072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O HARA MANAGEMENT INC	C/O HARA MANAGEMENT, INC.
Suite, Apt. #, etc.: 931 S. SEMORAN Blvd #214	Suite, Apt. #, etc.: 931 S. SEMORAN Blvd #214
City & State: WINTER PARK, FL	City & State: WINTER PARK, FL
Zip: 32792 Country: US	Zip: 32792 Country: US

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	7. Name and Address of New Registered Agent
HARA, ROBERT C/O HARA MANAGEMENT INC ~~118 N WYMORE RD~~ ~~WINTER PARK, FL 32789~~	Name Street Address (P.O. Box Number is Not Acceptable): 931 S. SEMORAN Blvd #214 City: WINTER PARK FL Zip Code: 32792

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALENTIN, CHRIS 418 POINT ALLYSON WAY ORLANDO, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Schulte Virginia 10014 Tikimber Lane Orlando, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SALAMAT, BELINDA 508 POINTE ALLYSON WAY ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Figearo, FRANK 526 Point Allyson Way Orlando, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DONALDSON, CAROL 10032 TIKIMBER COURT ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Chris Valentin 4-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #