

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000151228 1. Entity Name CHARTWELL HOMES, INC.				FILED 07 JUN 22 PM 1:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 131 MAIN STREET OSPREY, FL 34229		Mailing Address 131 MAIN STREET OSPREY, FL 34229		 05/02/06 90227 034 \$ 150.00 04302007 Chg-P CR2E034 (12/06)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 800 S. OSPREY AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State SARASOTA FL			
Zip 34236		Country USA		4. FEI Number 20-0481649	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent COMPTON, JOHN M 1819 MAIN STREET SUITE 610 SARASOTA, FL 34236			
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPARROW, JOHN <input type="checkbox"/> Delete 131 MAIN STREET OSPREY, FL 34229		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPARROW, AMANDA <input type="checkbox"/> Delete 131 MAIN STREET OSPREY, FL 34229		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: _____ 4-29-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					