


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90051 013 ****61.25

| | | | |
|--|---------|---|---------|
| DOCUMENT # 764944 | |  | |
| 1. Entity Name CHERLYNN ESTATES PROPERTY OWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business 1135 CHERLYNN TERR. WEST PALM BEACH FL 33406 | | Mailing Address 1135 CHERLYNN TERR. WEST PALM BEACH FL 33406 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/04)

| | | | |
|---|--|--|--|
| 4. FEI Number NO-T APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent APPLETON, PEGGY 1135 CHERLYNN TERRACE WEST PALM BEACH FL 33406 | | 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 Peggy Appleton Peggy Appleton 1-21-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P MARTIN, PATRICK 1175 CHERLYNN TERR WEST PALM BEACH FL 33406 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Counihan, Sean 1127 Cherlynn Terr. West Palm Beach, FL 33406 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D SINGLETARY, DENNIS 1183 CHERLYNN TERR WEST PALM BEACH FL 33406 | <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 | D MARTIN, PATRICK A 1175 CHERLYNN TERRACE WEST PALM BEACH FL 33406 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Chris Hickman - 1127 Cherlynn Terr West Palm Beach, FL 33406 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JAN SANTINI 1143 CHERLYNN TERR W PALM BCH FL | <input checked="" 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 | P APPLETON, PEGGY 1135 CHERLYNN TERR WEST PALM BEACH FL 33406 | <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 |

12. I 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 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: Peggy Appleton Peggy Appleton 1-21-05 561-967-9234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #