


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90121 033 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT #</b> N02000003675  |  |
| 1. Entity Name<br><b>CHEVY CHASE PROPERTY OWNERS' ASSOCIATION, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br>1213 CHEVY CHASE DRIVE<br>SUN CITY CENTER FL 33573 | Mailing Address<br>1213 CHEVY CHASE DRIVE<br>SUN CITY CENTER FL 33573 |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/05)

|              |              |                             |  |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number<br>27-0015628 | Applied For<br><input type="checkbox"/> Not Applicable |
|--------------|--------------|-----------------------------|--|

|     |         |     |         |  |
|-----|---------|-----|---------|--|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|--|

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>SHOCKLEY, JAMES</b><br>1229 CHEVY CHASE DRIVE<br>SUN CITY CENTER FL 33573 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 *James Shockley* DATE 2-20-2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS |                          |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                          |   |  |
|----------------------------|--------------------------|--|--|---|--------------------------|---|--|
| TITLE                      | D                        | <input type="checkbox"/> Delete            |  | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | GROVER, MARIAN E         |  |  | NAME  |                          |   |  |
| STREET ADDRESS             | 1213 CHEVY CHASE DRIVE   |  |  | STREET ADDRESS  |                          |   |  |
| CITY-ST-ZIP                | SUN CITY CENTER FL 33573 |  |  | CITY-ST-ZIP   |                          |   |  |
| TITLE                      | D                        | <input type="checkbox"/> Delete            |  | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | HILL, LEO J              |  |  | NAME  |                          |   |  |
| STREET ADDRESS             | 1504 CHEVY CHASE DRIVE   |  |  | STREET ADDRESS  |                          |   |  |
| CITY-ST-ZIP                | SUN CITY CENTER FL 33573 |  |  | CITY-ST-ZIP   |                          |   |  |
| TITLE                      | D                        | <input type="checkbox"/> Delete            |  | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | VARJIAN, VIRGINIA        |  |  | NAME  |                          |   |  |
| STREET ADDRESS             | 1512 CHEVY CHASE DRIVE   |  |  | STREET ADDRESS  |                          |   |  |
| CITY-ST-ZIP                | SUN CITY CENTER FL 33573 |  |  | CITY-ST-ZIP   |                          |   |  |
| TITLE                      | D                        | <input type="checkbox"/> Delete            |  | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | MERRILL, DEAN            |  |  | NAME  |                          |   |  |
| STREET ADDRESS             | 1518 CHEVY CHASE DR      |  |  | STREET ADDRESS  |                          |   |  |
| CITY-ST-ZIP                | SUN CITY CENTER FL 33573 |  |  | CITY-ST-ZIP   |                          |   |  |
| TITLE                      | D                        | <input type="checkbox"/> Delete            |  | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | HANSEN, GEORGE           |  |  | NAME  |                          |   |  |
| STREET ADDRESS             | 1522 CHEVY CHASE DRIVE   |  |  | STREET ADDRESS  |                          |   |  |
| CITY-ST-ZIP                | SUN CITY CENTER FL 33573 |  |  | CITY-ST-ZIP   |                          |   |  |
| TITLE                      | D                        | <input checked="" type="checkbox"/> Delete |  | TITLE   | Secretary                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | DOBRAZT, WINONA          |  |  | NAME  | Mehinda Sherbrune        |   |  |
| STREET ADDRESS             | 1219 CHEVY CHASE DR      |  |  | STREET ADDRESS  | 1223 Chevy Chase Drive   |   |  |
| CITY-ST-ZIP                | SUN CITY CENTER FL 33573 |  |  | CITY-ST-ZIP   | Sun City Center FL 33573 |   |  |

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: *Virginia D. Varjian - Treasurer*