
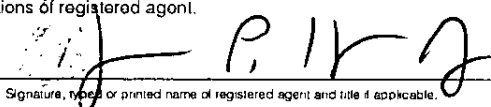


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90038 028 \*\*\*\*61.25

DOCUMENT # N02000003675					
1. Entity Name CHEVY CHASE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1213 CHEVY CHASE DRIVE SUN CITY CENTER FL 33573		Mailing Address 1213 CHEVY CHASE DRIVE SUN CITY CENTER FL 33573			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 27-0015628	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SHOCKLEY, JAMES 1229 CHEVY CHASE DRIVE SUN CITY CENTER FL 33573			7. Name and Address of New Registered Agent Name James P. Hines, Jr. Street Address (P.O. Box Number is Not Acceptable) 1647 Sun City Center Plaza, 204A City Sun City Center FL Zip Code 33573		
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 2-8-07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HANSEN, GEORGE		NAME	D	
STREET ADDRESS	1522 CHEVY CHASE DRIVE		STREET ADDRESS	FRANKLIN, IPA LOW	
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP	1217 CHEVY CHASE DRIVE	
				SUN CITY CENTER, FL 33573	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERBRUNE, MELINDA		NAME		
STREET ADDRESS	1223 CHEVY CHASE DR		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP		

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:  2/10/07 (813) 633-1634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #