


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90209 043 \*\*\*\*70.00

**DOCUMENT # N02000003675**

1. Entity Name  
**CHEVY CHASE PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**1213 CHEVY CHASE DRIVE**      **1213 CHEVY CHASE DRIVE**  
**SUN CITY CENTER FL 33573**      **SUN CITY CENTER FL 33573**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For  
**27-0015628**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PETERSEN, SHIRLEY M**  
**1516 CHEVY CHASE DRIVE**  
**SUN CITY CENTER FL 33573**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

I, 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 SHIRLEY M. PETERSON      *Shirley M. Peterson*      2/4/03  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GROVER, MARIAN E</b>	
STREET ADDRESS	<b>1213 CHEVY CHASE DRIVE</b>	
CITY - ST - ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, LEO J</b>	
STREET ADDRESS	<b>1504 CHEVY CHASE DRIVE</b>	
CITY - ST - ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VARJIAN, VIRGINIA</b>	
STREET ADDRESS	<b>1512 CHEVY CHASE DRIVE</b>	
CITY - ST - ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, MERRILL</b>	
STREET ADDRESS	<b>1510 CHEVY CHASE DRIVE</b>	
CITY - ST - ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HANSEN, GEORGE</b>	
STREET ADDRESS	<b>1522 CHEVY CHASE DRIVE</b>	
CITY - ST - ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 Virginia T. Varjian      *Virginia T. Varjian*      2/13/03      813-634-5788

CR2E037 (10/02)