

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2006
Secretary of State**

DOCUMENT# N03000007691

Entity Name: CHEVY CHASE ESTATES HOA, INC.

Current Principal Place of Business:

P.O. BOX 1071
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1071
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3012006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MURPHY, TIMOTHY B
1119 HOUNDS RUN
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CURRAN, AL
Address: 1108 GLENN LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP () Delete
Name: FREEMAN, ANN
Address: 703 ARCHERS BEND
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: MURPHY, TIMOTHY B
Address: 1119 HOUNDS RUN
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S () Delete
Name: GEORGE, BRIDGET
Address: 1107 GLENN LANE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY B MURPHY

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05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date