


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90014 012 ****61.25

DOCUMENT # N03000007691					
1. Entity Name CHEVY CHASE ESTATES HOA, INC.					
Principal Place of Business P.O. BOX 1071 SAFETY HARBOR, FL 34695		Mailing Address P.O. BOX 1071 SAFETY HARBOR, FL 34695			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02252007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3012006	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURPHY, TIMOTHY B 1119 HOUNDS RUN SAFETY HARBOR, FL 34695			Name <u>AL MERANDO</u> Street Address (P.O. Box Number is Not Acceptable) <u>1103 Glenn Lane</u> City <u>SAFETY Harbor</u> FL Zip Code <u>34695</u>		
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 <u>Alan J. Merando</u>		ALAN J. MERANDO		2/26/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when reconstituting)		DATE	
Filing 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURRAN, AL		NAME		
STREET ADDRESS	1108 GLENN LANE		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FREEMAN, ANN		NAME	<u>VP Rick George</u>	
STREET ADDRESS	703 ARCHERS BEND		STREET ADDRESS	<u>1107 Glenn Lane</u>	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	<u>SAFETY Harbor, FL 34695</u>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MURPHY, TIMOTHY B		NAME	<u>Treasurer AL Merando</u>	
STREET ADDRESS	1119 HOUNDS RUN		STREET ADDRESS	<u>1103 Glenn Lane</u>	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	<u>SAFETY Harbor, FL 34695</u>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GEORGE, BRIDGET		NAME	<u>Secretary Sandy Potal</u>	
STREET ADDRESS	1107 GLENN LANE		STREET ADDRESS	<u>700 HOUNDS RUN</u>	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	<u>SAFETY Harbor, FL 34695</u>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Alan J. Merando</u>		ALAN J. MERANDO		2/26/07 727-799-2147	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	