


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000007491 1. Entity Name CHASSAHOWITZKA PROPERTY OWNERS ASSOCIATION INC.	
--	---

FILED
Jun 20, 2008 08:00 AM
Secretary of State

Principal Place of Business P.O. BOX 9 HOMOSASSA SPRINGS, FL 34447-0009	Mailing Address P.O. BOX 9 HOMOSASSA SPRINGS, FL 34447-0009
---	---



06042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2273279	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORONA, MATTHEW
 10024 S. RIVIERA PT.
 HOMOSASSA, FL 34448

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEINMANN, CLAY
STREET ADDRESS	8190 W. MISS MAGGIE DR.
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	VP
NAME	HARTLEY, MICHAEL D
STREET ADDRESS	8140 W. BOUNTY CT.
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	ST
NAME	CORONA, MATTHEW
STREET ADDRESS	10024 S. RIVIERA PT.
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000953288
 06/20/08-80001-023 61.25

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: Clay Steinmann Clay Steinmann President 6/9/08 352-400-1940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #