


FILED
Apr 18, 2007 8:00 am
Secretary of State

DOCUMENT # 757419			
1. Entity Name CHERRY ESTATES PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 641 SAINT JAMES CITY, FL 33956 US		Mailing Address P.O. BOX 641 SAINT JAMES CITY, FL 33956 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
GRAZIANO, JANE 2911 BOUNTY LN SAINT JAMES CITY, FL 33956			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAZIANO, JANE 2911 BOUNTY LN SAINT JAMES CITY, FL 33956 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMMON, ROBERT 3097 BOUNTY LANE SAINT JAMES CITY, FL 33956 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEPER, JAMES 3113 BINNACER LN SAINT JAMES CITY, FL 33956 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICE, MARVIN 2901 BOUNTY LN SAINT JAMES CITY, FL 33956 <input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICE, JANE 2901 BOUNTY LN SAINT JAMES CITY, FL 33956 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		PD R. 20 St	
		V 120 301 St	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Marvin G. Rice</i> MARVIN G. RICE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			