


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90013 039 \*\*\*\*70.00

<b>DOCUMENT # 757419</b> 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		4. FEI Number 59-2315972	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAZIANO, JANE 2911 BOUNTY LN SAINT JAMES CITY, FL 33956				Name <u>DALE HAUBENRISER</u> Street Address (P.O. Box Number is Not Acceptable) <u>3016 SLOOP LANE</u> <u>ST. JAMES CITY, FL</u> City <u>FL</u> Zip Code <u>33956</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><i>Dale Haubenriser</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/27/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAZIANO, JANE		NAME	JOD BUTLER	
STREET ADDRESS	2911 BOUNTY LN		STREET ADDRESS	3045 HARPOON	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	ST. JAMES CITY FL 33956	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, MARVIN		NAME	CHARLIE MADDEN	
STREET ADDRESS	2901 BOUNTY LN		STREET ADDRESS	3070 HARPOON	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
TITLE	V	<input type="checkbox"/> Delete	TITLE	SBC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAU, DAVID		NAME	ANGIE KEELER	
STREET ADDRESS	3064 SLOOP		STREET ADDRESS	3103 HARPOON	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
TITLE	S	<input type="checkbox"/> Delete	TITLE	TREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, JANE		NAME	DALE HAUBENRISER	
STREET ADDRESS	2901 BOUNTY LN		STREET ADDRESS	3016 SLOOP LANE	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	ST. JAMES CITY FL 33956	
TITLE		<input type="checkbox"/> Delete	TITLE	SAA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	MIKE LASHLEY	
STREET ADDRESS			STREET ADDRESS	2941 BOUNTY LN	
CITY-ST-ZIP			CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
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><i>Joseph Butler</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>02/27/08</u> (239) 283-5457 <small>Daytime Phone #</small>		