

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757419

FILED
Feb 23, 2009
Secretary of State

Entity Name: CHERRY ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 641
SAINT JAMES CITY, FL 33956 US

New Principal Place of Business:

3140 BINNACLE LANE
SAINT JAMES CITY, FL 33956 US

Current Mailing Address:

P.O. BOX 641
SAINT JAMES CITY, FL 33956 US

New Mailing Address:

PO BOX 641
SAINT JAMES CITY, FL 33956 US

FEI Number: 59-2315972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAUBEHRISEP, DALE
3016 SLOOP LANE
SAINT JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

HEFLIN, JUDY
3140 BINNACLE LANE
SAINT JAMES CITY, FL 33956 US

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: JUDY HEFLIN

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUTLER, JOO
Address: 3045 HARPOON
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: VP () Delete
Name: MADDEN, CHARLIE
Address: 3070 HARPOON
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: SBC () Delete
Name: KEELER, ANGIE
Address: 3103 HARPOON
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: T () Delete
Name: HAUBENRISER, DALE
Address: 3016 SLOOP LANE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: SAA () Delete
Name: LASHLEY, MIKE
Address: 2941 BOUNTY LN
City-St-Zip: SAINT JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: KEELER, ANGIE
Address: 3103 HARPOON
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: T (X) Change () Addition
Name: HEFLIN, JUDY
Address: 3140 BINNACLE LANE
City-St-Zip: SAINT JAMES CITY, FL 33956

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

I hereby certify that the information supplied with this filing does not qualify 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: JOE BUTLER

PRES

02/23/2009

Electronic Signature of Signing Officer or Director

Date