

# 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:**

HAUBEHRSEP, 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