

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 764944**

1. Entity Name  
**CHERLYNN ESTATES PROPERTY OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**1135 CHERLYNN TERR.  
WEST PALM BEACH, FL 33406**

Mailing Address  
**1135 CHERLYNN TERR.  
WEST PALM BEACH, FL 33406**



03112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**APPLETON, PEGGY  
1135 CHERLYNN TERRACE  
WEST PALM BEACH, FL 33406**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when nonstat agent)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COUNIHAN, SEAN 1127 CHERLYNN TERRACE WEST PALM BEACH, FL 33406
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SINGLETARY, DENNIS 1183 CHERLYNN TERR WEST PALM BEACH, FL 33406
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HICKMAN, CHRIS 1167 CHERLYNN TERRACE WEST PALM BEACH, FL 33406
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T APPLETON, PEGGY 1135 CHERLYNN TERRACE WEST PALM BEACH, FL 33406
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UD00000667841  
03/27/07-80006-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-13-07 561-967-9234**