

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764944

FILED
Mar 29, 2009
Secretary of State

Entity Name: CHERLYNN ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1135 CHERLYNN TERR.
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1135 CHERLYNN TERR.
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COUNIHAN, SEAN
Address: 1127 CHERLYNN TERRACE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD () Delete
Name: SINGLETARY, DENNIS
Address: 1183 CHERLYNN TERR
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VD () Delete
Name: HICKMAN, CHRIS
Address: 1167 CHERLYNN TERRACE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T () Delete
Name: APPLETON, PEGGY
Address: 1135 CHERLYNN TERRACE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PEGGY APPLETON

T

03/29/2009

Electronic Signature of Signing Officer or Director

Date