
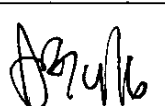


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000001434 1. Entity Name BELLE GLADE-CHEVY CHASE PROPERTY OWNERS, ASSOCIATION, INC.			
Principal Place of Business 1531 CHEVY CHASE DR SUN CITY CENTER, FL 33573		Mailing Address 1531 CHEVY CHASE DR SUN CITY CENTER, FL 33573	
2. Principal Place of Business 1537 CHEVY CHASE Suite, Apt. #, etc. SUN CITY CENTER.		3. Mailing Address 1537 CHEVY CHASE Suite, Apt. #, etc. SUN CITY CENTER	
City & State FL		City & State FL	
Zip 33573		Country Hillsborough	
6. Name and Address of Current Registered Agent HINES, JAMES P JR 315 S HYDE PK AVE TAMPA, FL 33608		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALHOUN, LAVERNE W 1531 CHEVY CHASE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAL BETZ, PAT 1533 CHEVY CHASE DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOSTAS, ROSE 1535 CHEVY CHASE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOSTAS, ERNIE 1535 CHEVY CHASE DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, HAL 1537 CHEVY CHASE DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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>Joyce Procuniar JOYCE PROCUNIAR</u> <u>3-29-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

FILED

07 APR -4 PM 3:03

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



09062006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2273380 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL

Zip Code

☐ Change ☐ Addition

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