


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

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000004671</b>	
1. Entity Name <b>DANBURY-FORDHAM PROPERTY OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>1820 DANBURY DR          SUN CITY CENTER, FL 33573</b>	Mailing Address <b>P.O. BOX 6044          SUN CITY CENTER, FL 33571-6044</b>
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**DO NOT WRITE IN THIS SPACE**

01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1639099</b>	Applied For 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

**HINES, JAMES P JR  
 315 S HYDE PARK AVE  
 TAMPA, FL 33606**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHINNERY, DONALD 1232 FORDHAM DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'STEEN, BEN 1240 FORDHAM DRIVE SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEWIS, ELIZABETH 1238 FORDHAM DRIVE SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KELLER, REBECCA A 1818 DANBURY DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHLMAY, JUERGEN 1242 FORDHAM DRIVE SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WARYE, HOWARD 1812 DANBURY DRIVE SUN CITY CENTER, FL 33573

U00000651426  
 03/09/07-80007-004 61.25

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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: **2-12-07** 813-727-1014