

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # N04000004671**

1. Entity Name

DANBURY-FORDHAM PROPERTY OWNERS'  
ASSOCIATION, INC.



Principal Place of Business

1820 DANBURY DR  
SUN CITY CENTER, FL 33573

Mailing Address

P.O. BOX 6044  
SUN CITY CENTER, FL 33571-6044



01152007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1639099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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 restate)

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 DT  
NAME CHINNERY, DONALD  
STREET ADDRESS 1232 FORDHAM DR  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE DP  
NAME O'STEEN, BEN  
STREET ADDRESS 1240 FORDHAM DRIVE  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE DVP  
NAME LEWIS, ELIZABETH  
STREET ADDRESS 1238 FORDHAM DRIVE  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE DS  
NAME KELLER, REBECCA A  
STREET ADDRESS 1818 DANBURY DR  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D  
NAME KUHLMMEY, JUERGEN  
STREET ADDRESS 1242 FORDHAM DRIVE  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE BM  
NAME WARYE, HOWARD  
STREET ADDRESS 1812 DANBURY DRIVE  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

U000000651426  
03/09/07-80007-004 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

2-12-07 813-727-1014

Date

Daytime Phone #