

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90054 022 \*\*\*\*61.25



**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**



2. Principal Place of Business - No P.O. Box #  
**1240 Fordham Dr.**

3. Mailing Address  
**1240**

Suite, Apt. #, etc.

03172008 Chg-NP CR2E037 (12/06)

City & State  
**Sun City Center, FL**

City & State

Zip  
**33573**

Country  
**USA**

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	CHINNERY, DONALD	
STREET ADDRESS	1232 FORDHAM DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DP	<input type="checkbox"/> Delete
NAME	O'STEEN, BEN	
STREET ADDRESS	1240 FORDHAM DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, ELIZABETH	
STREET ADDRESS	1238 FORDHAM DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KELLER, REBECCA A	
STREET ADDRESS	1818 DANBURY DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUHLMEY, JUERGEN	
STREET ADDRESS	1242 FORDHAM DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	BM	<input type="checkbox"/> Delete
NAME	WARYE, HOWARD	
STREET ADDRESS	1812 DANBURY DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gustavus, Cathy	
STREET ADDRESS	1814 Danbury Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Rebecca A. Keller **3-19-08** **813-727-1014**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #