


FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90003 036 ****61.25

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

| | |
|---|---|
| DOCUMENT # N06000009280 1. Entity Name CHOBEE PLACE HOMEOWNERS ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 13521 GARRIS DRIVE HUDSON, FL 34667 | Mailing Address 13521 GARRIS DRIVE HUDSON, FL 34667 |
|---|---|

40054139



02222008 No Chg-NP CR2E037 (4/06)

| | |
|--|-------------------------------|
| 4. FEI Number 06-1800839 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

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|---|
| 6. Name and Address of Current Registered Agent BAIRD, BEVERLY 13521 GARRIS DRIVE HUDSON, FL 34667 |
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**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAIRD, BEVERLY 13521 GARRIS DRIVE HUDSON, FL 34667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICHARDSON, LINDA 6094 FULTON ROAD NEW BERLIN, IL 62670 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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: Beverly A. Baird Beverly A. Baird 3-3-08 727-819-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #