

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90080 010 ****61.25

DOCUMENT # N15075

1. Entity Name
CHEVY CHASE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3001 EXECUTIVE DR
260
CLEARWATER, FL 34622 US

Mailing Address
3001 EXECUTIVE DR
260
CLEARWATER, FL 34622 US

INITIAL *[Signature]*
40074917



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2977363

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOC
3001 EXECUTIVE DR
260
CLEARWATER, FL 33762

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	TD	<input type="checkbox"/> Delete
NAME	STEVENS, JAMES	
STREET ADDRESS	737 EARLS CT	
CITY - ST - ZIP	SAFETY HARBOR, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PLEVIN, LILLIAN	
STREET ADDRESS	619 QUAIL KEEP DR	
CITY - ST - ZIP	SAFETY HARBOR, FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELTON, ROBERT	
STREET ADDRESS	600 QUAIL KEEP D	
CITY - ST - ZIP	SAFETY HARBOR, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPEAR, GORDON	
STREET ADDRESS	1205 HOUNDS RUN	
CITY - ST - ZIP	SAFETY HARBOR, FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERSCHER, BERNICE	
STREET ADDRESS	1209 HOUNDS RUN	
CITY - ST - ZIP	SAFETY HARBOR, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input checked="" 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: *Lillian Plevin, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2008
Date

Daytime Phone #