


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

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90058 032 \*\*\*\*61.25

**DOCUMENT # N45832**

1. Entity Name  
**CHINQUAPIN ACRES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**194 MONTE TERRACE**      **194 MONTE TERRACE**  
**MONTICELLO, FL 32344 US**      **MONTICELLO, FL 32344 US**

**DO NOT WRITE IN THIS SPACE**

40000



01132007 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**DREW, FRANCES**  
**194 MONTE TERRACE**  
**TALLAHASSEE, FL 32311**

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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 \_\_\_\_\_ 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, 2007**

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 LEDBURY, ANNE 203 MONTE TERRACE MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DREW, FRANCES 194 MONTE TERRACE MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, TOM 5 TOMS LANE MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KENT, ALAN 2330 MOON LANE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOND, BRIAN 732 CHINQUAPIN RD MONTICELLO, FL 32344
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:** *Frances T. Drew*      **1/15/07**      **850 997-2384**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #