

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45832

FILED  
Apr 05, 2009  
Secretary of State

Entity Name: CHINQUAPIN ACRES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

194 MONTE TERRACE  
MONTICELLO, FL 32344 US

**New Principal Place of Business:**

183 MONTE TERRACE  
MONTICELLO, FL 32344 US

**Current Mailing Address:**

194 MONTE TERRACE  
MONTICELLO, FL 32344 US

**New Mailing Address:**

183 MONTE TERRACE  
MONTICELLO, FL 32344 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DREW, FRANCES  
194 MONTE TERRACE  
TALLAHASSEE, FL 32311 US

**Name and Address of New Registered Agent:**

ABNEY, KATHY  
183 MONTE TERRACE  
TALLAHASSEE, FL 32344 US

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.

SIGNATURE: KATHY ABNEY

04/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: ABNEY, KATHY  
Address: 183 MONTE TERR  
City-St-Zip: MONTICELLO, FL 32344

Title: SD ( ) Delete  
Name: DREW, FRANCES  
Address: 194 MONTE TERRACE  
City-St-Zip: MONTICELLO, FL 32344

Title: PD ( ) Delete  
Name: SNYDER, TOM  
Address: 5 TOMS LANE  
City-St-Zip: MONTICELLO, FL 32344

Title: DVP ( ) Delete  
Name: KENT, ALAN  
Address: 2330 MOON LANE  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: FENDLEY, LEEDA  
Address: 383 CHINQUAPIN ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: SLAYMAKER, JEREMIAH  
Address: 126 MONTE TERRACE  
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY ABNEY

TD

04/05/2009

Electronic Signature of Signing Officer or Director

Date