

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45832

FILED  
Mar 06, 2011  
Secretary of State

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

**Current Principal Place of Business:**

183 MONTE TERRACE  
MONTICELLO, FL 32344 US

**New Principal Place of Business:**

**Current Mailing Address:**

183 MONTE TERRACE  
MONTICELLO, FL 32344 US

**New Mailing Address:**

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

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

ABNEY, KATHY  
183 MONTE TERRACE  
TALLAHASSEE, FL 32344 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: SD  
Name: FENDLEY, LEEDA  
Address: 383 CHINQUAPIN ROAD  
City-St-Zip: MONTICELLO, FL 32344

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

Title: DVP  
Name: SLAYMAKER, JEREMIAH  
Address: 126 MONTE TERRACE  
City-St-Zip: MONTICELLO, FL 32344

I hereby 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 all other like empowered.

SIGNATURE: KATHY ABNEY

TD

03/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date