FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500001552

CHEFCO PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 2140 CENTERVILLE PLACE

TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 15349

TALLAHASSEE FL 32317-5349

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90040 007 ****61.25

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2. Princip	al Place of Business	2a. Mailing Address						
21		26				Date Incorporated or Qualifed	——	
	Apt. #, etc.	Suite, Apt. #, etc.				04/03/1995		
22		27				4. FEI Number		TA
City & S	State	City & State				59-3378570	. -	Applied For
23	_					5 0-27	403	Not Applicat
Zip	Country	Zip				5. Certifcate of Status Desired		5 Additional
24	25	<u> </u>	Cour	ntry		6. Election Campaign Financing		e Required
	9. Name and Address of Curren	29	30			Trust Fund Contribution	\$5. (00 May Be
1		it Registered Agent				10. Name and Address of New Registered	Add	ed to Fees
HOGAN	IOUN		} {	81 1	Name	The wind of the wi	Agent	
2140 C	MTCDMLE DI LOC		ļ.	82 5	Ctere et A I I			
2140 CENTERVILLE PLACE TALLAHASSEE FL 32308				3	Street Addres	ss (P.O. Box Number is Not Acceptable)		
I ALLAID.	ASSEE FL 32308		18	33				
ļ			[_					
-11			8	14	City		- 1==T =	
Office or	nt to the provisions of Sections 617.0502	2 and 617.1508 Florida Statu	too Ab a - b			Fi	85 Zi	ip Code
agent. I	am familiar with, and accept the obligat	of Florida. Such change was a	authorized b	ve-na v the	amed corporation:	ation submits this statement for the purpose of s board of directors. I hereby accept the appoint	changing	its registered
SIGNATURE	=	ions or, Section 617.0503, Flo	orida Statute	s.	oo.pordagiji	ation submits this statement for the purpose of s board of directors. I hereby accept the appoin	itment as	registered
_	Signature, typed or printed name of registered agent							
12.	OFFICERS AND) DIRECTORS (NOTE	: Registered Age	ent sign	nature required wi			
TITLE	D		13.			ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	CODE III 45
NAME	HOGAN, JOHN	[] DELETE	1.1 TITLE				Change	
STREET ADDRESS			1.2 NAME				criange	Addition
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.3 STREE	TADOR	RESS			
TITLE	D		1.4 C/TY-S	ST-ZIP				
NAME	BUTLER, BONNIE	☐ DELETE	2.1 TITLE			· ·		
STREET ADDRESS	2140 OFFERNAL -		2.2 NAME		1	•	Change	☐ Addition
	I O GEITTEITTILLE FLAUF		2.3 STREET	T ADOD	200	•	,	
OTY-ST-ZIP	TALLAHASSEE FL 32308				E33			
_	D	☐ DELETE	2. 4 CITY-S 3.1 TITLE	SI-ZIP		•		-
AME	MEISELMAN, IRA				ł		Change	Addition
TREET ADDRESS	513 S TYRON ST		3.2 NAME		1		•	
ZTY-ST-ZIP	CHARLOTTE NC 28202		3.3 STREET		ESS			
ITLE	D	☐ DELETE	3.4. CITY-ST	T-ZIP				į
AME	HUGO, MICHAEL	L/ VELEIE	4.1 TITLE				Change	C Addis
TREET ADORESS	1815 THOMASVILLE RD		4.2 NAME		1	1	⊇ ouariñe	☐ Addition
TY-ST-ZIP	TALLAHASSEE FL 32303		4.3 STREET	ADDRE:	:ss			j
TLE .			4.4 CITY-ST-	ZIP	1			I
ME		DELETE	5.1 TITLE		7		-	
REET ADDRESS		!	5.2 NAME			Ε	Change	Addition
Y-ST-ZIP			5.3 STREET A	V DRES	ss			
1-31-21P			5.4 CITY-ST-2					[
ME .		☐ DELETE	6.1 TITLE	<u> </u>				[
_		j	6.2 NAME				Change	Addition
REET ADDRESS		i		Nnn~-	_	-	ū	
/-ST-ZIP	<u></u>		6.3 STREET AL		5			1
Lhereby cor	tifu the A.A		6.4 CITY-ST-7	'IP	1			

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

02/03/99

(850) 383-3333