2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N95000001552

Entity Name: CHEFCO PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2140 CENTERVILLE PLACE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15349
TALLAHASSEE, FL 323175349

New Mailing Address:

FEI Number: 59-3378570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOGAN, JOHN
2140 CENTERVILLE PLACE
TALLAHASSEE, FL 32308 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: D ( ) Delete
Name: HOGAN, JOHN
Address: 2140 CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: BUTLER, BONNIE
Address: 2140 CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: PETERS, CASSIE
Address: 7132 REGAL LANE
City-St-Zip: KNOXVILLE, TN 37912

Title: D ( ) Delete
Name: HEDDLESTON, BRAD
Address: 7001 CRESTWOOD BLVD
City-St-Zip: BIRMINGHAM, AL 35210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: BLOWERS, JASON
Address: 570 OPRY MILLS DRIVE
City-St-Zip: NASHVILLE, TN 37294

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: JOHN HOGAN RA 04/30/2008

Electronic Signature of Signing Officer or Director — Date