

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009470

**Entity Name:** CHANAN ESTATES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1049 JOHN SIMS PARKWAY  
SUITE 1  
NICEVILLE, FL 32578**Current Mailing Address:**POST OFFICE BOX 73  
NICEVILLE, FL 32588**FEI Number:** 20-1922021**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PANHANDLE MANAGEMENT, LLC  
1049 JOHN SIMS PARKWAY  
SUITE 1  
NICEVILLE, FL 32578 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	JONES, LINETTE
Address	PO BOX 73
City-State-Zip:	NICEVILLE FL 32588

Title	DIRECTOR
Name	CASSADY, ADAM
Address	POST OFFICE BOX 73
City-State-Zip:	NICEVILLE FL 32588

Title	SECRETARY
Name	WILSON, JAIME
Address	POST OFFICE BOX 73
City-State-Zip:	NICEVILLE FL 32588

Title	VP
Name	THOMA, PAMELA
Address	POST OFFICE BOX 73
City-State-Zip:	NICEVILLE FL 32588

Title	TREASURER
Name	JOHNSON, DAVID
Address	POST OFFICE BOX 73
City-State-Zip:	NICEVILLE FL 32588

*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:** LINETTE JONES

PRESIDENT

03/27/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date