

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:10

DOCUMENT # N94000004661 (4)

1. Corporation Name  
CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751

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3. Date Incorporated or Qualified 09/16/1994

3a. Date of Last Report

4. FEI Number 59-3289678

Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 555 Winderley Place 26 555 Winderley Place

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Suite 420 27 Suite 420

City & State City & State

23 Maitland, Florida 28 Maitland, Florida

Zip Country Zip Country

24 32751 25 U.S.A. 29 32751 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOHLE, HELMUT  
2250 LUCIEN WAY  
SUITE 250  
MAITLAND FL 32751

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
555 Winderley Place

83 Suite 420

84 City Maitland, FL 85 Zip Code 32751

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Helmut Mohle* DATE 2-16-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	MOHLE, HELMUT L.
STREET ADDRESS		1.3 STREET ADDRESS	555 WINDERLEY PLACE, SUITE 420
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE		2.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MCDONALD, DONNA J.
STREET ADDRESS		2.3 STREET ADDRESS	555 WINDERLEY PLACE, SUITE 420
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE		3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	KOELBLE, JANICE C.
STREET ADDRESS		3.3 STREET ADDRESS	555 WINDERLEY PLACE, SUITE 420
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 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 in Block 12 or Block 13 if changed as an attachment with an address.

SIGNATURE: *Helmut Mohle* DATE 1-25-95 (407)875-1001

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Helmut Mohle, President