

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 17 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004661 (4)**  
 1. Corporation Name  
**CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751 US</b>	Mailing Address <b>555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751-7486 US</b>
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3. Date Incorporated or Qualified <b>09/16/1994</b>	3a. Date of Last Report <b>03/15/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-3289678</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MOHLE, HELMUT  
 555 WINDERLEY PLACE  
 SUITE 420  
 MAITLAND FL 32751**

10. Name and Address of New Registered Agent  
 81. Name  
**Gilbert, John W.**  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**555 Winderley Place, Ste. 420**  
 83.  
 84. City  
**Maitland** **FL** 85. Zip Code  
**32751**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *John W. Gilbert* **John W. Gilbert** DATE **2/4/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>MOHLE, HELMUT L.</b>	
STREET ADDRESS	<b>555 WINDERLEY PL SUITE 420</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/>
NAME	<b>GEORGE, CHERYL</b>	
STREET ADDRESS	<b>555 WINDERLEY PLACE STE 420</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/>
NAME	<b>KOELBLE, JANICE C.</b>	
STREET ADDRESS	<b>555 WINDERLEY PLACE SUITE 420</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Gilbert, John</b>		
1.3 STREET ADDRESS	<b>555 Winderley Place Ste. 420</b>		
1.4 CITY-ST-ZIP	<b>Maitland, Fl. 32751</b>		
2.1 TITLE	<b>DST</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Smith, Wade</b>		
2.3 STREET ADDRESS	<b>555 Winderley Place Ste. 420</b>		
2.4 CITY-ST-ZIP	<b>Maitland, Fl. 32751</b>		
3.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Parker, Jennifer</b>		
3.3 STREET ADDRESS	<b>555 Winderley Place Ste. 420</b>		
3.4 CITY-ST-ZIP	<b>Maitland, Fl. 32751</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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, or on an attachment with an address.

CFR2E037 (9/96)