

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000004661 (4)
1. Corporation Name
CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751 US
Mailing Address: 555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751 US

3. Date Incorporated or Qualified: 09/16/1994
4. FEI Number: 59-3289678
Applied For: Not Applicable

2. Principal Place of Business: 21 1633 E VINE ST, 22 207, 23 KISSIMMEE FL, 24 34744, 25 OSCEOLA
2a. Mailing Address: 26 1633 E VINE ST, 27 207, 28 KISSIMMEE FL, 29 FL 34744, 30 OSCEOLA

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

9. Name and Address of Current Registered Agent: GILBERT, JOHN W, 555 WINDERLEY PLACE, SUITE 420, MAITLAND FL 32751

10. Name and Address of New Registered Agent: 81 Name: LELAND MGMT INC., 82 Street Address: 1633 E VINE ST, 83 SUITE 207, 84 City: KISSIMMEE FL, 85 Zip Code: 34744

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: [Signature] DATE: 4/28/98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | GILBERT, JOHN | |
| STREET ADDRESS | 555 WINDERLEY PL SUITE 420 | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | DST | <input checked="" type="checkbox"/> DELETE |
| NAME | SMITH, WADE | |
| STREET ADDRESS | 555 WINDERLEY PLACE STE 420 | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | PARKER, JENNIFER | |
| STREET ADDRESS | 555 WINDERLEY PLACE SUITE 420 | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Mark Kilmer | |
| 1.3 STREET ADDRESS | 219 Bluecreek | |
| 1.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| 2.1 TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Albert Anderson | |
| 2.3 STREET ADDRESS | 103 Blackcherry | |
| 2.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| 3.1 TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Susan Rugg | |
| 3.3 STREET ADDRESS | 231 Blue Creek | |
| 3.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Scott Ryerson | |
| 4.3 STREET ADDRESS | 215 Blue Creek | |
| 4.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Steve Tucker | |
| 5.3 STREET ADDRESS | 126 Blue Creek | |
| 5.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 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.

SIGNATURE: Annika... DATE: 4/28/98

CR2E037 (10/97)