

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 Mailing Address
555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751 US
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 2a. Mailing Address
21 1633 E VINE ST Suite, Apt. #, etc. 22 207
23 KISSIMMEE FL City & State 24 34744 Zip 25 FL Country
26 1633 E VINE ST Suite, Apt. #, etc. 27 207
28 KISSIMMEE FL City & State 29 34744 Zip 30 FL Country

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 (P.O. Box Number is Not Acceptable) 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 WINDERLY 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)