## FILED May 04, 1999 8:00 am § Secretary of State

05-04-1999 90208 026 \*\*\*\*61.25

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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400004661

## CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.

Fillicipal Flace of Busilies
1633 E VINE ST
STE 207
KISSIMMEE FL 34744
US

Mailing Address 1633 E VINE ST STE 207 KISSIMMEE FL 34744

* 4 8 5 1 6 3 * 485163 - 90208 - 26								

2.	Principal Place of Busines	SS	2a.	Mailing Address	3	Date Incorporated or Qualifed	
21			26			09/16/1994	
	Suite, Apt. #, etc.			Suite, Apt.#, etc.	4	FEI Number	- Applied For
22			27			59-3289678	Not Applicable
	City & State			City & State	5	Certificate of Status Desired	\$8.75 Additional
23			28		1		Fee Required
	Zip	Country		Zip Country	6	Election Campaign Financing	\$5.00 May Be
24	25	5	29	30	1	Trust Fund Contribution	Added to Fees
-	9. Name at	nd Address of Current R	egis	tered Agent	10	. Name and Address of New Registered /	Agent

GILBERT, JOHN W 82 1633 E VINE ST 83 **STE 207** KISSIMMEE FL 34744

	dita /100:000 0: 10	ou nogionare	-		
ame					
reet Address (P.O. Bo	x Number is Not Ac	ceptable)			
			_		
ty			85	Zip Code	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND DIRECTORS	, , , , , , , , , , , , , , , , , , ,	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTOR	RS IN 12				
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition				
NAME	KILMER, M		1.2 NAME			-				
STREET ADDRESS	219 BLUECREEK		1.3 STREET ADDRESS							
CITY-ST-ZIP	WINTER SPGS FL 32708		1.4 CITY-ST-ZIP							
TITLE	DV	DELETE	2.1 TITLE		Change	☐ Addition				
NAME	ANDERSON, A		2.2 NAME							
STREET ADDRESS	103 BLACKCHERRY		2.3 STREET ADDRESS							
CITY-ST-ZIP	WINTER SPGS FL 32708		2. 4 CITY-ST-ZIP							
TITLE	DV	DELETE	3.1 TITLE		Change	☐ Addition				
NAMÉ	PARKER, JENNIFER		3.2 NAME							
STREET ADDRESS	555 WINDERLEY PLACE SUITE 420		3.3 STREET ADDRESS							
CITY-ST-ZIP	MAITLAND FL		3.4. CITY-ST-ZIP							
TITLE	DS	DELETE	4.1 TITLE		☐ Change	Addition				
NAME	RUGG, S		4. 2 NAME			ļ				
STREET ADDRESS	231 BLUE CREEK		4.3 STREET ADDRESS							
CITY-ST-ZIP	WINTER SPGS FL 32708		4.4 CITY-ST-ZIP							
TITLE	D	☐ DELETE	5.1 TττLE		☐ Change	☐ Addition				
NAME	RYERSON, S		5.2 NAME							
STREET ADDRESS	215 BLUE CREEK		5.3 STREET ADDRESS							
CITY-ST-ZIP	WINTER SPGS FL 32708		5.4 CITY-ST-ZIP							
TITLE	D	☐ DELETE	6.1 TITLE		Change	Addition				
NAME	TUCKER, S		6.2 NAME							
STREET ADDRESS	126 BLUE CREEK		6.3 STREET ADDRESS							
CITY-ST-ZIP	WINTER SPGSD FL 32708		6.4 CITY-ST-ZIP							

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, with all other like empowered.