

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90035 012 ****61.25

DOCUMENT # N94000004661

1. Entity Name

CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1633 E VINE ST
 STE 207
 KISSIMMEE FL 34744
 US

Mailing Address

1633 E VINE ST
 STE 207
 KISSIMMEE FL 34744-3705
 US

2. Principal Place of Business

1633 E. Vine Street

3. Mailing Address

1633 E. Vine Street

Suite, Apt. # etc.

Suite 110

Suite, Apt. # etc.

Suite 110

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip

34744

Country

USA

Zip

34744

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3289678

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Leland Management, Inc.*
 Street Address (P.O. Box Number is Not Acceptable) *1633 E. Vine Street*
Suite 110
 City *Kissimmee* FL Zip Code *34744*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Rebecca Magabe*
 Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-11-00
 DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	KILMER, M	
STREET ADDRESS	219 BLUECREEK	
CITY-ST-ZIP	WINTER SPGS FL 32708	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, A	
STREET ADDRESS	103 BLACKCHERRY	
CITY-ST-ZIP	WINTER SPGS FL 32708	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RUGG, S	
STREET ADDRESS	231 BLUE CREEK	
CITY-ST-ZIP	WINTER SPGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYERSON, S	
STREET ADDRESS	215 BLUE CREEK	
CITY-ST-ZIP	WINTER SPGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, S	
STREET ADDRESS	126 BLUE CREEK	
CITY-ST-ZIP	WINTER SPGSD FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN MASTORSON	
STREET ADDRESS	229 BLUE CREEK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT OLSON	
STREET ADDRESS	102 BLACK BERRY COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD LUBELL	
STREET ADDRESS	101 BLACK CHERRY COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK KILMER	
STREET ADDRESS	219 BLUE CREEK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO MIZANGOS	
STREET ADDRESS	113 BLUE CREEK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JOAN MASTORSON* **JOAN MASTORSON** *4-13-00* **407-851-0261**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)