

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-13-2001 90063 011 ****61.25

DOCUMENT # N94000004661

1. Entity Name

CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1633 E VINE ST
 STE 207
 KISSIMMEE FL 34744
 US

1633 E VINE ST
 STE 207
 KISSIMMEE FL 34744
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	128 BLUE CREEK	
CITY-ST-ZIP	WINTER SPGSD FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN MASTERSON	
STREET ADDRESS	229 BLUE CREEK DR	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROB OLSON	
STREET ADDRESS	102 BLACKCHERRY CT	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	S/R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD LUBELL	
STREET ADDRESS	101 BLACK CHERRY DR.	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO MIJANGOS	
STREET ADDRESS	113 BLUE CREEK DR	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK KILMER	
STREET ADDRESS	219 BLUE CREEK DR	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Masterson **3-20-01**
 Date Daytime Phone #

CR2E037 (10/00)