

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

005782

**DOCUMENT # N94000004661**

1. Entity Name

**CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.**

05-01-2002 91579 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1633 E VINE ST  
 SUITE 110  
 KISSIMMEE FL 34744  
 US

1633 E VINE ST  
 SUITE 110  
 KISSIMMEE FL 34744  
 US

BU081031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

MURPHY, RICHARD D  
 LELAND MANAGEMENT INC  
 1633 E VINE STREET SUITE 110  
 KISSIMMEE FL 34744

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 VP	VP MASTERSON, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	229 BLUE CREEK DR WINTER SPRINGS FL 32708	
TITLE PD	VP Pres. OLSON, ROB	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	102 BLACK CHERRY CT WINTER SPRINGS FL 32708	
TITLE D	ST LUBELL, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	101 BLACK CHERRY DR CT WINTER SPGS FL 32708	
TITLE D	MJANGOS, MARIO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	113 BLUE CREEK DR WINTER SPGS FL 32708	
TITLE D	KILMER, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	219 BLUE CREEK DR WINTER SPGSD FL 32708	
TITLE D	<del>GRISELOA WHITE</del>	<input type="checkbox"/> Delete

TITLE Y D	John Masterson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	229 BLUE CREEK DR WINTER SPRINGS, FL 32708	
TITLE PD	Rob Olson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	102 Black Cherry Ct Winter Springs, FL 32708	
TITLE ST	Howard Lubell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	101 Black Cherry Ct Winter Springs, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	GRISELOA white	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	219 Blue Creek Dr Winter Springs FL 32708	

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:

*Robert M. Quigg*

4/19/02 407.808.0049  
 cell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)