

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 ✓ **1633 E VINE ST** ✓
SUITE 110 **SUITE 110**
KISSIMMEE FL 34744 **KISSIMMEE FL 34744**
US **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
 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

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

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

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: Rob Olson 4/19/02 407.808.0049 cell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)