


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90042 034 ****61.25

DOCUMENT # N94000004661

1. Entity Name
CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1633 E VINE ST
 SUITE 110
 KISSIMMEE, FL 34744 US**

Mailing Address
**1633 E VINE ST
 SUITE 110
 KISSIMMEE, FL 34744 US**



2. Principal Place of Business
8009 S. Orange Ave
 Suite, Apt. #, etc.

3. Mailing Address
8009 S. Orange Ave
 Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State
Orlando FL

City & State
Orlando FL

Zip
32809

Country
USA

Zip
32809

Country
USA

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

**LELAND MGMT.
 1633 E VINE ST.
 STE 110
 KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

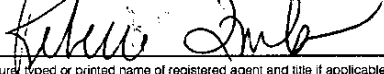
Name
Leland Management

Street Address (P.O. Box Number is Not Acceptable)
8009 S. Orange Ave

City
Orlando

FL Zip Code
32809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTERSON, JOHN 229 BLUE CREEK DR WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, JAMES 233 BLUE CREEK DR WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, <u>GRISELOA</u> 213 BLUE CREEK DR WINTER <u>SPGSD</u> , FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition White, Griseld Winter Springs, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 

3-09-10 Date

Daytime Phone #