

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004661

FILED
Apr 15, 2009
Secretary of State

Entity Name: CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

Current Mailing Address:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

FEI Number: 59-3289678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MGMT.
5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MGMT.
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SAPP, PAUL
Address: 128 BLUE CREEK DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: HALL, ELLIE C
Address: 201 BLUE CREEK DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: FETTER, ELIZABETH
Address: 206 BLUE CREEK DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: P () Delete
Name: KILMER, MARK
Address: 219 BLUE CREEK DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: RUGG, PATRICK
Address: 231 BLUE CREEK DR
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAPP, PAUL
Address: 128 BLUE CREEK DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MASTERSON, JOHN
Address: 229 BLUE CREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP (X) Change () Addition
Name: SNEED, NARK
Address: 126 BLUE CREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SAPP

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date