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: New Principal Place of Business: 5955 T.G. LEE BLVD 6972 LAKE GLORIA BLVD SUITE 300 ORLANDO, FL 32809 ORLANDO, FL 32822 US **New Mailing Address: Current Mailing Address:** 5955 T.G. LEE BLVD 6972 LAKE GLORIA BLVD SUITE 300 ORLANDO, FL 32809 US ORLANDO, FL 32822 US FEI Number: 59-3289678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LELAND MGMT. LELAND MGMT. 5955 T.G. LEE BLVD 6972 LAKE GLORIA BLVD ORLANDO, FL 32809 SUITE 300 ORLANDO, FL 32822 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SAPP. PAUL SAPP. PAUL Name: Name: 128 BLUE CREEK DR Address: 128 BLUE CREEK DR Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 Title: Title: () Delete () Change () Addition HALL, ELLIE C Name: Name: Address: 201 BLUE CREEK DR Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: (X) Change () Addition FETTER, ELIZABETH MASTERSON, JOHN Name: Name: 206 BLUE CREEK DR 229 BLUE CREEK DRIVE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 US Title: () Delete Title: (X) Change () Addition Name: KILMER, MARK Name: SNEED, NARK 219 BLUE CREEK DR 126 BLUE CREEK DRIVE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: () Change () Addition RUGG, PATRICK Name: Name: 231 BLUE CREEK DR Address: Address: WINTER SPRINGS, FL 32708 City-St-Zip: 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