

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90472 029 \*\*\*\*61.25

**DOCUMENT # N94000004661**  
1. Entity Name  
**CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.**



**55040763**



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

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

7. Name and Address of New Registered Agent  
Name **REBELLA FURLOW**  
Street Address (P.O. Box Number is Not Acceptable)  
**1633 E. Vine Street Suite 110**  
City **Kissimmee**      FL      Zip Code **34744**

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 *Rebella Furlow*  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MASTERTSON, JOHN	
STREET ADDRESS	229 BLUE CREEK DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OLSON, ROB	
STREET ADDRESS	102 BLACK CHERRY CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUBELL, HOWARD	
STREET ADDRESS	101 BLACK CHERRY DR	
CITY-ST-ZIP	WINTER SPGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, GRISELOA	
STREET ADDRESS	213 BLUE CREEK DR	
CITY-ST-ZIP	WINTER SPGSD FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERTSON, JOHN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES BROWN	
STREET ADDRESS	233 Blue Creek Dr.	
CITY-ST-ZIP	Winter Springs FL, 32708	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, GriseloA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John Mastertson*      **REQUIRED**      04-26-03      321-436-6538  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (10/02)