

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004661

**Entity Name:** CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

640 E. STATE ROAD 434  
SUITE 3000  
LONGWOOD, FL 32750

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**0022460167CC**

**Current Mailing Address:**

640 E. STATE ROAD 434  
SUITE 3000  
LONGWOOD, FL 32750 US

**FEI Number: 59-3289578**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BONO AND ASSOCIATES, LLC  
640 E. STATE ROAD 434  
SUITE 3000  
LONGWOOD, FL 32750 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: MICHAEL L BONO**

**04/28/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MEGARO, DANIEL  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title VP  
Name MASTERSON, JOHN  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT  
Name BENNETT, TROY  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title TREASURER  
Name WHITE, GRISELDA  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name BERMUDEZ, FRANCISCO MIGUEL  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name THATCHER, MICHAEL  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name DUPREY, LUIS  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

*I hereby 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 all other like empowered.*

**SIGNATURE: TROY BENNETT**

**PRESIDENT**

**04/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date