2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004661

Entity Name: CHESTNUT ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

COMMUNITY MANAGEMENT SPECIALISTS, INC. 1942 W. COUNTY RD 419 1030 OVIEDO, FL 32766

Current Mailing Address:

COMMUNITY MANAGEMENT SPECIALISTS, INC. 1942 W. COUNTY RD 419 1030 OVIEDO, FL 32766 US

FEI Number: 59-3289578

City-State-Zip:

Name and Address of Current Registered Agent:

1942 W. COUNTY RD 419 1030

OVIEDO FL 32766

COMMUNITY MANAGEMENT SPECIALISTS, INC. COMMUNITY MANAGEMENT SPECIALISTS, INC. 1942 W. COUNTY RD 419 1030 OVIEDO, FL 32766 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	E: KEVIN M. DAVIS			04/13/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	SECRETARY, TREASURER	
Name	FETTER, ELIZABETH ANN	Name	SAPP, SANDRA	
Address	COMMUNITY MANAGEMENT SPECIALISTS, INC. 1942 W. COUNTY RD 419 1030	Address	COMMUNITY MANAGEMENT SPECIALISTS, INC. 1942 W. COUNTY RD 419 1030)
City-State-Zip:	OVIEDO FL 32766	City-State-Zip:	OVIEDO FL 32766	
Title	PRESIDENT			
Name	CHARLESWORTH, DENISE			
Address	COMMUNITY MANAGEMENT SPECIALISTS, INC.			

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.

Ρ

SIGNATURE: DENISE CHARLESWORTH

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/13/2018 Date