

**2017 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  
OVIDO, FL 32766

**Current Mailing Address:**

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

**FEI Number: 59-3289578**

**Certificate of Status Desired: No**

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

COMMUNITY MANAGEMENT SPECIALISTS, INC.  
COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. COUNTY RD 419 1030  
OVIDO, 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: KEVIN M. DAVIS**

**03/23/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name FETTER, ELIZABETH ANN  
Address COMMUNITY MANAGEMENT  
SPECIALISTS, INC.  
1942 W. COUNTY RD 419 1030  
City-State-Zip: OVIDO FL 32766

Title PRESIDENT  
Name BENNETT, TROY  
Address COMMUNITY MANAGEMENT  
SPECIALISTS, INC.  
1942 W. COUNTY RD 419 1030  
City-State-Zip: OVIDO FL 32766

Title VP, TREASURER  
Name CHARLESWORTH, DENISE  
Address COMMUNITY MANAGEMENT  
SPECIALISTS, INC.  
1942 W. COUNTY RD 419 1030  
City-State-Zip: OVIDO FL 32766

*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**

**P**

**03/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date