2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710521

FILED May 06, 2008 Secretary of State

Entity Name: CHESTNUT HILL CONDOMINIUM, INC.

Jurrent P	rincipal Place of Busi	ness:	New Prince	ipal Place of Business:
100 (OFFI	6TH AVE CE) IIAMI, FL 33161 US			
Current M	lailing Address:		New Maili	ng Address:
P.O. BOX MIAMI SH	531145 ORES, FL 33153 US	5		
n accordan		S., the corporation did not rec		()
9999 NE 2 302	VER PROPERTY MANA PND AVENUE ORES, FL 33138 US	AGEMENT CORP.		
	e named entity submits t e of Florida.	his statement for the purpo	ose of changing i	ts registered office or registered agent, or both,
SIGNATU	RE:			
	Electronic Signa	ture of Registered Agent		Date
OFFICER	Electronic Signa S AND DIRECTORS:	ture of Registered Agent	ADDITION	Date IS/CHANGES TO OFFICERS AND DIRECTOR
Γitle: √ame: √ddress:	J	101	ADDITION Title: Name: Address: City-St-Zip:	
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	S AND DIRECTORS: PD () Delete LONG, DERRIL S 13215 NE 6TH AVE, APT	101 107	Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTOR
DFFICER Title: vame: Address: Dity-St-Zip: Title: vame: Address: Dity-St-Zip: Title: vame: Address: Dity-St-Zip: Title: vame: Address: Dity-St-Zip:	S AND DIRECTORS: PD () Delete LONG, DERRIL S 13215 NE 6TH AVE, APT NORTH MIAMI, FL 33161 VPD () Delete VAZQUEZ, JOSE R 13215 NE 6TH AVE, APT	101 107	Title: Name: Address: City-St-Zip: Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address:	S AND DIRECTORS: PD () Delete LONG, DERRIL S 13215 NE 6TH AVE, APT NORTH MIAMI, FL 33161 VPD () Delete VAZQUEZ, JOSE R 13215 NE 6TH AVE, APT NORTH MIAMI, FL 33161 TD () Delete MARTINEZ, JULIO P.O. BOX 531145	101 107	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition

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: JULIO MARTINEZ TD 05/06/2008