

FILE NOW: FILING FEE IS \$61.25

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**Mar 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742910 (3)
1. Corporation Name
CHESTNUT WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business % GUARANTEE MANAGEMENT SERVICES 111 FONTAINEBLEAU BLVD. MIAMI FL 33172	Mailing Address % GUARANTEE MANAGEMENT SERVICES 111 FONTAINEBLEAU BLVD. MIAMI FL 33172
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3. Date Incorporated or Qualified 05/18/1978	4. FEI Number 59-1948753	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners' association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 %Courtesy Property M Suite, Apt. #, etc.	2a. Mailing Address 26 9380 Sunset Drive Suite, Apt. #, etc.
22 9380 Sunset Drive, B250 City & State	27 Suite B-250 City & State
23 Miami, Fl. Zip	28 Miami, Fl. Zip
24 33173	25 DADE
29 33173	30 DADE

9. Name and Address of Current Registered Agent
**SIEGFRIED, KIPNIS, RIVERA, LERNER ET AL
201 ALHAMBRA CIRCLE SUITE 1102
100 CHOPIN PLAZA
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE GUTIERREZ-CEDENO, NANCY 1196 SW 75 TERRACE MIAMI FL 33173	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> DELETE ALLEN, ORRIE 11327 SW 75 TERRACE MIAMI FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD ALLEN, ORRIE 11327 SW 74 Terrace Miami, Fl. 33173
TITLE D	<input type="checkbox"/> DELETE QUINTERO, LUIS 1155 SW 75 TERRACE MIAMI FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP/D Quintero, Luis 1155 SW 75 Terrace Miami, Florida 33173
TITLE VO	<input checked="" type="checkbox"/> DELETE SCHENKMAN, RICHARD 7383 SW 115 COURT MIAMI FL	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D FLORES, RONALD 11220 SW 74 Street Miami, Fl. 33173
TITLE TO	<input type="checkbox"/> DELETE WILLS, MIGUEL W A 1165 SW 75 TERRACE MIAMI FL 33173	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Nancy Cedeno* **2/21/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)