

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90127 002 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742910**

1. Corporation Name  
**CHESTNUT WOODS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business COURTESY PROPERTY M 9380 SUNSET DR B250 MIAMI FL 33173 US	Mailing Address 9380 SUNSET DR STE B250 MIAMI FL 33173 US
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2. Principal Place of Business 21 <u>Courtesy Property M</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>13250 SW 135 Avenue</u> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/18/1978
22 <u>13250 SW 135 Avenue</u> City & State	27 City & State	4. FEI Number 59-1948753
23 <u>Miami, Florida</u> Zip Country	28 <u>Miami, Florida</u> Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24 <u>33186</u> 25 <u>Dade</u>	29 <u>33186</u> 30 <u>Dade</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUTIERREZ-CEDENO, NANCY	
STREET ADDRESS	11196 SW 75 TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALLEN, ORRIE	
STREET ADDRESS	11327 SW 75 TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	QUINTERO, LUIS	
STREET ADDRESS	11155 SW 75 TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLORES, RONALD	
STREET ADDRESS	11220 SW 74TH ST	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLS, MIGUEL W A	
STREET ADDRESS	11165 SW 75 TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<u>11327 S.W. 74 TERRACE</u>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Miguel W A Wills DATE: 3-1-1999 DAYTIME PHONE #: 305-412-1545

CR2E037 (11/98)