

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


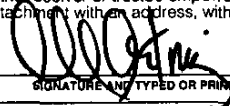
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Feb 07, 2005 8:00 am
Secretary of State

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01062005 Chg-NP CR2E037 (10/03)

DOCUMENT # 742910					
1. Entity Name CHESTNUT WOODS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business COURTESY PROPERTY M 13250 SW 135 AVE MIAMI, FL 33186 US			Mailing Address 13250 SW 135 AVE MIAMI, FL 33186 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1948753	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIEGFRIED, KIPNIS, RIVERA, LERNER ET AL 201 ALHAMBRA CIRCLE SUITE 1102 100 CHOPIN PLAZA CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QUINTERO, LUIS	NAME	QUINTERO, LUIS		
STREET ADDRESS	11155 SW 75 TERRACE	STREET ADDRESS	11155 SW 75 TERRACE		
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	MIAMI, FL 33173		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	ALLEN, ORRIE	NAME			
STREET ADDRESS	11327 SW 74 TERR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLORES, RONALD	NAME	FLORES, ROLAND		
STREET ADDRESS	11220 SW 74TH ST	STREET ADDRESS	11220 SW 74TH ST		
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	MIAMI FL 33173		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	WILLS, MIGUEL W A	NAME			
STREET ADDRESS	11165 SW 75 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, RUTH	NAME	MARTINEZ, RUTH		
STREET ADDRESS	7345 SW 113 COURT CIRCLE	STREET ADDRESS	7345 SW 113 COURT CIRCLE		
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	MIAMI FL 33173		
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 2/2/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		