

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90018 038 ****70.00

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02072006 Chg-NP CR2E037 (11/05)

DOCUMENT # 742910			
1. Entity Name CHESTNUT WOODS HOMEOWNERS' ASSOCIATION, INC.		Mailing Address 13250 SW 135 AVE MIAMI, FL 33186 US	
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	
Zip	Country	Zip	Country
4. FEI Number 59-1948753		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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, 2006		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	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUINTERO, LUIS 11155 SW 75 TERRACE MIAMI, FL 33173 <input type="checkbox"/> Delete	D TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIELE, IDRIS 7534 SW 112 CT. MIAMI FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLEN, ORRIE 11327 SW 74 TERR MIAMI, FL 33173 <input type="checkbox"/> Delete	S.D. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLORES, RONALD 11220 SW 74TH ST. MIAMI, FL 33173 <input type="checkbox"/> Delete	 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SVP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ, RUTH 7345 SW 113 COURT CIRCLE MIAMI, FL 33173 <input type="checkbox"/> Delete	V.P.D. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ronald Flores</u>		Date: <u>2/16/06</u> Daytime Phone #: <u>305-793-9536</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	