


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90030 007 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1948753	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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 D NAME SANCHEZ, IDRIKE STREET ADDRESS 7534 SW 112 CT CITY-ST-ZIP MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ALLEN, ORRIE STREET ADDRESS 11327 SW 74 TERR CITY-ST-ZIP MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete		TITLE SD NAME JOHNSON, BRIAN STREET ADDRESS 7383 SW 75 Terr CITY-ST-ZIP Miami, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME FLORES, RONALD STREET ADDRESS 11220 SW 74TH ST CITY-ST-ZIP MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE TD NAME QUINTERO, LUIS STREET ADDRESS 11155 SW 113 CT CITY-ST-ZIP Miami, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME MARTINEZ, RUTH STREET ADDRESS 7345 SW 113 COURT CIRCLE CITY-ST-ZIP MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE D 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: _____			3/22/07 305 595-9350		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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03122007 Chg-NP CR2E037 (12/06)