2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Name CHESTNUT WOODS HOMEOWNERS' ASSOCIATION, INC.



| INC. | | , | | 7 | | | | |
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| Principal Place of Business Mailing Address COURTESY PROPERTY M 13250 SW 135 AVE 13250 SW 135 AVE MIAMI, FL 33186 US | | | | 4004 | • | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 00400007 | | | ***** | |
| | | | | City | -NP CR2E0 |)37 (12/06) | | |
| City & State | | City & State | | 4. FEI Number 59-1948753 | ·- | N | pplied For ot Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Statu | us Desired | \$8.75 Ad Fee Require | ditional ed | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Addres | s of New Registered | Agent | | |
| SIEGERIE | D, KIPNIS, RIVERA, LERNER | FT AI | Name | | | | | |
| 201 ALHA | MBRA CIRCLE SUITE 1102 PIN PLAZA | | | | (P.O. Box Number is Not Acceptable) | | | |
| | ABLES, FL 33134 | | | | | | | |
| | | | City | • | FI | Zip Coc | ie | |
| 8. The above | named entity submits this statement for | or the purpose of changing its re | gistered office or regis | tered agent, or both, in the | State of Florida. I am | familiar with | , and accept | |
| | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE: R | Registered Agent signature requ | ired when reinstating) | DATE | | | |
| | | , | | • | 52 | | | |
| | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Camp Trust Fund Cor | | \$5.00 May Be Added to Fees | Make chec Florida Depa | k payable (irtment of S | | |
| 10. | • | Trust Fund Cor | ntribution. | Added to Fees ADDITIONS/CHANGES | Florida Depa | rtment of S | itate | |
| TITLE | OFFICERS AND DI | Trust Fund Cor | 11. | Added to Fees | Florida Depa | rtment of S | itate | |
| TITLE NAME | OFFICERS AND DIE SANCHEZ, IDRIKE | Trust Fund Cor RECTORS | 11. IIILE V F | Added to Fees ADDITIONS/CHANGES | Florida Depa | IRECTORS IN | N 10 | |
| TITLE | Due by May 1, 2007 OFFICERS AND DID SANCHEZ, IDRIKE 7534 SW 112 CT | Trust Fund Cor RECTORS | 11. | Added to Fees ADDITIONS/CHANGES | Florida Depa | IRECTORS IN | N 10 | |
| TITLE NAME STREET ADDRESS | OFFICERS AND DIE SANCHEZ, IDRIKE | Trust Fund Cor | 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP | Added to Fees ADDITIONS/CHANGES | Florida Depa | HRECTORS IN Change | N 10 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Due by May 1, 2007 OFFICERS AND DII D SANCHEZ, IDRIKE 7534 SW 112 CT MIAMI, FL 33173 | Trust Fund Cor RECTORS | 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP | Added to Fees ADDITIONS/CHANGES | Florida Depa | IRECTORS IN | N 10 | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS | Due by May 1, 2007 OFFICERS AND DII D SANCHEZ, IDRIKE 7534 SW 112 CT MIAMI, FL 33173 SD ALLEN, ORRIE 11327 SW 74 TERR | Trust Fund Cor | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS T CITY-ST-ZIP | Added to Fees ADDITIONS/CHANGES HNSON, BRI 83 SW 7 | Florida Depa TO OFFICERS AND D AN S Terr | HRECTORS IN Change | N 10 Addition | |
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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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07 305595-

Daytime Phone #