

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90107 034 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1948753**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME	PD QUINTERO, LUIS	<input type="checkbox"/> Delete
STREET ADDRESS	11155 SW 75 TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME	SD ALLEN, ORRIE	<input type="checkbox"/> Delete
STREET ADDRESS	11327 SW 74 TERR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME	VPD QUINTERO, LUIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11155 SW 75 TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME	VPD FLORES, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	11220 SW 74TH ST	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME	TD WILLS, MIGUEL W A	<input type="checkbox"/> Delete
STREET ADDRESS	11165 SW 75 TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D ALLEN, ORRIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11327 SW 74 TERR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD MARTINEZ, RUTH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7345 SW 113 COURT CIRCLE	
CITY-ST-ZIP	MIAMI FL 33173	

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 an other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03

CR2E037 (10/02)