

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90010 011 \*\*\*\*61.25

**DOCUMENT # N02000008214**

1. Entity Name  
**CHESTNUT FOREST ASSOCIATION, INC.**



Principal Place of Business  
**1463 OAKFIELD DRIVE  
SUITE 141  
BRANDON, FL 33511 US**

Mailing Address  
**P O BOX 6235  
BRANDON, FL 33508-6004 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**03-0509204**

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

**TANKEL, ROBERT  
1022 MAIN STREET  
DUNEDIN, FL 34698**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE **D** ☒ Delete  
NAME **HOOD, ASHLEY**  
STREET ADDRESS **2606 LANSBURY**  
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE **D** ☐ Delete  
NAME **HENRY, EUGENE**  
STREET ADDRESS **1603 HEARTHVIEW LANE**  
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE **D** ☐ Delete  
NAME **POPELESKI, FRANK**  
STREET ADDRESS **1422 MARSHWOOD DRIVE**  
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE **D** ☒ Delete  
NAME **CHIASSON, JON**  
STREET ADDRESS **2622 LANSBURY PLACE**  
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE **D** ☐ Delete  
NAME **LINDSEY, DEBRA**  
STREET ADDRESS **1519 MARSHWOOD DRIVE**  
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Floyd, Michael**  
STREET ADDRESS **1603 Hearthview Lane**  
CITY-ST-ZIP **Seffner, FL 33584**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*(Eugene P. Henry)*

*2/06*

*813 347 4541*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #