

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90178 026 \*\*\*\*61.25

**DOCUMENT # N07663**

1. Entity Name  
**THE VILLAS OF CHESTNUT CREEK OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**1162 INDIAN HILLS BLVD  
VENICE, FL 34293 US**

Mailing Address  
**1162 INDIAN HILLS BLVD  
VENICE, FL 34293 US**

**20047125**



01242005 Chg-NP CR2E037 (10/03)

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  
**59-2538658**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CALDWELL, ANNETTE K.  
1162 INDIAN HILLS BLVD  
VENICE, FL 34292**

7. Name and Address of New Registered Agent

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, 2005**

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 PD  
NAME HOHENWARTER, JOE ☒ Delete  
STREET ADDRESS 538 PENDLETON DR  
CITY-ST-ZIP VENICE, FL 34292

TITLE SD  
NAME MEAR, MARGARET ☐ Delete  
STREET ADDRESS 874 BAYPORT CIR  
CITY-ST-ZIP VENICE, FL 34292

TITLE TD  
NAME RAO, NORMAN ☐ Delete  
STREET ADDRESS 872 BAYFORT CIRCLE  
CITY-ST-ZIP VENICE, FL 34292

TITLE VD  
NAME KESTRNAK, GEORGE ☒ Delete  
STREET ADDRESS 843 BAYPORT CIR  
CITY-ST-ZIP VENICE, FL 34292

TITLE D  
NAME SAUER, MARJORIE ☐ Delete  
STREET ADDRESS 833 BAYPORT CIR  
CITY-ST-ZIP VENICE, FL 34292

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Margaret Mear ☒ Change ☐ Addition  
NAME 874 Bayport Circle  
STREET ADDRESS Venice FL 34292  
CITY-ST-ZIP

TITLE VP Marjorie Sauer ☒ Change ☐ Addition  
NAME 833 Bayport Circle  
STREET ADDRESS Venice FL 34293  
CITY-ST-ZIP

TITLE SD Bob Poggitsch ☐ Change ☒ Addition  
NAME 476 Pendleton Place  
STREET ADDRESS Venice FL 34293  
CITY-ST-ZIP

TITLE D Walter Holne ☐ Change ☒ Addition  
NAME 510 Pendleton Place  
STREET ADDRESS Venice FL 34293  
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 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NORMAN  
RAO**

Date

Daytime Phone #

**4/26/05 9414088293**