


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 029 ****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		
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 KEYS CALDWELL, INC. 1162 INDIAN HILLS BLVD. VENICE, FL 34293	
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 <u><i>James S. Hunt</i></u> 4/12/06 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MEAR, MARGARET 874 BAYPORT CIR VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO Larry Willis 494 Pendleton Place Venice FL 34292
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		VP JAVER, MARJORIE 833 BAYPORT CIR VENICE, FL 34293			
<input checked="" type="checkbox"/> Delete		D Evelyn Moriconi 496 Pendleton Place Venice FL 34292			
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TD RAO, NORMAN 872 BAYFORT CIR VENICE, FL 34292			
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D WALTER, HIONE 510 PENDLETON AVE VENICE, FL 34293		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D SAUER, MARJORIE 833 BAYPORT CIR VENICE, FL 34292		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD POGLITSCH, BOB 476 PENDLETON PLACE VENICE, FL 34293		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<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: <u><i>Margaret Mear</i></u> 4-17-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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