

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07663

FILED  
Apr 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

381 INTERSTATE BLVD  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

3380 RUSTIC ROAD  
NOKOMIS, FL 34240 US

**Current Mailing Address:**

381 INTERSTATE BLVD  
SARASOTA, FL 34240 US

**New Mailing Address:**

PO BOX 595  
VENICE, FL 34284 US

**FEI Number:** 59-2538658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUNVAST MANAGEMENT SVCS INC  
530 US HWY 41 BYPASS SOUTH STE 18B  
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

CYNTHIA OGRADY  
3380 RUSTIC ROAD  
NOKOMIS, FL 34275 US

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.

SIGNATURE: CYNTHIA OGRADY

04/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDERSON, NOREEN  
Address: 836 BAYPORT CIRCLE  
City-St-Zip: VENICE, FL 34292

Title: TD ( ) Delete  
Name: WILLS, LARRY  
Address: 484 PENDLETON PL  
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete  
Name: MORICONI, EVELYN  
Address: 496 PENDLETON PL  
City-St-Zip: VENICE, FL 34292

Title: SD ( ) Delete  
Name: POGLITSCH, BOB  
Address: 476 PENDLETON PLACE  
City-St-Zip: VENICE, FL 34293

Title: SD ( ) Delete  
Name: KESTRONEK, GEORGE  
Address: 843 BAYPORT CIRCLE  
City-St-Zip: VENICE, FL 34292

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOREEN ANDERSON

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date