
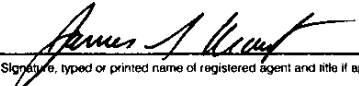
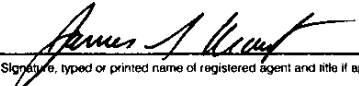
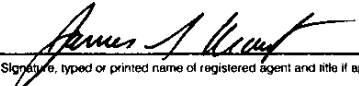
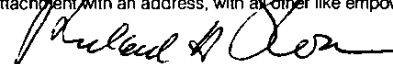


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90011 021 \*\*\*\*61.25

<b>DOCUMENT # N28811</b>																							
<b>1. Entity Name</b> THE PATIO HOMES OF CHESTNUT CREEK OWNERS ASSOCIATION, INC.																							
<b>Principal Place of Business</b> 985 HARBOR TOWN DR VENICE, FL 34292 US			<b>Mailing Address</b> 985 HARBOR TOWN DR VENICE, FL 34292 US																				
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0076695																			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																			
<b>6. Name and Address of Current Registered Agent</b>  ARGUS MGMT. OF VENICE, INC. 153 CENTER RD VENICE, FL 34285-5572			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">Keys-Caldwell, Inc.</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">1162 Indian Hills Blvd</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="3">Venice</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 34293</td> </tr> </table>			Name	Keys-Caldwell, Inc.					Street Address (P.O. Box Number is Not Acceptable)	1162 Indian Hills Blvd					City	Venice			FL	Zip Code 34293
Name	Keys-Caldwell, Inc.																						
Street Address (P.O. Box Number is Not Acceptable)	1162 Indian Hills Blvd																						
City	Venice			FL	Zip Code 34293																		
<b>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.</b>																							
<table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE </td> <td style="width:40%;">James S Kraut, General Manager</td> <td style="width:30%;">2/12/07</td> </tr> </table>						SIGNATURE 	James S Kraut, General Manager	2/12/07															
SIGNATURE 	James S Kraut, General Manager	2/12/07																					
(NOTE: Registered Agent signature required when reinstating)																							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																			
<b>Make check payable to Florida Department of State</b>																							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	SLOAN, DICK		NAME																				
STREET ADDRESS	1107 HARBOR TOWN WY		STREET ADDRESS																				
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP																				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
NAME	AABEL, JOANN		NAME	Bob Amey																			
STREET ADDRESS	1182 HARBOR TOWN DR		STREET ADDRESS	1155 Harbor Town Way																			
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34292																			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
NAME	RANLY, JEAN		NAME	Peg Graff																			
STREET ADDRESS	972 HARBOR TOWN DR		STREET ADDRESS	1005 Harbor Town Drive																			
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34292																			
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
NAME	SALOMON, UDO		NAME	Donna Cubit-Swoyer																			
STREET ADDRESS	1161 HARBOR TOWN DR		STREET ADDRESS	1248 Harbor Town Way																			
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34292																			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Assistant Treasurer/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
NAME	ABALDO, GINO		NAME	Constance O'Brien																			
STREET ADDRESS	956 HARBOR TOWN DR		STREET ADDRESS	1023 Harbor Town Drive																			
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34292																			
TITLE		<input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
NAME			NAME	Marion L Fessler																			
STREET ADDRESS			STREET ADDRESS	943 Harbor Town Drive																			
CITY-ST-ZIP			CITY-ST-ZIP	Venice, FL 34292																			
<b>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.</b>																							
<b>SIGNATURE:</b>  Dick Sloan, President 2/12/07 941-492-6561																							
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)																							