## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28811

FILED Apr 20, 2009 Secretary of State

Entity Name: THE PATIO HOMES OF CHESTNUT CREEK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 985 HARBOR TOWN DR VENICE, FL 34292 US **Current Mailing Address: New Mailing Address:** 1162 INDIAN HILLS BLVD VENICE, FL 34293 FEI Number: 65-0076695 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEYS-CALDWELL, INC 1162 INDIAN HILLS BLVD. VENICE, FL 34293 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: V2D () Delete (X) Change ( ) Addition TRECO, BILL Name: TRECO, BILL Name: 1015 HARBOR TOWN WY Address: 1015 HARBOR TOWN WY Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292 Title: Title: (X) Change ( ) Addition ( ) Delete AMEY, BOB Name: STROLLO, TONY Name: Address: 1155 HARBOR TOWN WAY Address: 1266 HARBOR TOWN WAY City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292 Title: Title: (X) Change ( ) Addition ( ) Delete GRAFF, PEG O'BRIEN, BRENDAN Name: Name: 1005 HARBOR TOWN DR. Address: Address: 1023 HARBOR TOWN DR. City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292 Title: PD ( ) Delete Title: () Change () Addition CUBIT-SWOYER, DONNA Name: Name: 1248 HARBOR TOWN WAY Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: Title: ( ) Delete Title: TD (X) Change ( ) Addition O'BRIEN, CONSTANCE HODDICK, TAR Name: Name: 1023 HARBOR TOWN DR. 1012 HARBOR TOWN DR. Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292 Title: (X) Delete Title: () Change () Addition BLAKELY, BILL Name: Name: Address: 1140 HARBOR TOWN WAY Address: VENICE, FL 34292 City-St-Zip: 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: DONNA CUBIT-SWOYER PD 04/20/2009