2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N29046

1. Entity Name
THE ISLES OF CHESTNUT CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business **487 CATALINA ISLES CIRCLE** Mailing Address C/O CMR PROPERTY MANAGEMENT

FILED Mar 29, 2006 8:00 am Secretary of State 03-29-2006 90118 033 ****61.25

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VENICE, FL	34292 U	S		ARASOTA CENTER ISOTA, FL 34240	BLVD., US	108A) (TA)((T	Di and i	1811 azini albi			II art ii a rtii al	EIMAL DE LOBI
Principal Place of Business 3. Ma				Mailing Address										
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				03212006	Ch	g-NP	CF	R2E03	7 (11/05)	
City & State			Cit	City & State				4. FEI Num 65-01		8				pplied For ot Applicable
Zip Country			Zip					5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current	t Registere	d Agent				7. Name ar	nd Addr	ess of Ne	w Regist	tered A	gent	
CMR PROPERTY MANAGMENT INC 40 SARASOTA CENTER BLVD., 108A SARASOTA, FL 34240					:	Name Street Address (P.O. Box Number is Not Acceptable)								
						City							Zip Cod	de
												FL	'	
8. The above the obligat	named entit ions of regist	y submits this statement for ered agent.	or the purp	ose of changing its	registere	ed office o	r registere	ed agent, or b	oth, in t	he State o	f Florida.	I am fa	amiliar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agen-	t and title 4 app	ecable. (NOTE	: Registered	d Agent signa	ture required y	when reinstating)				DATE		
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
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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: Wulknungst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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