

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90073 001 ****61.25

DOCUMENT # N29046

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



Principal Place of Business
**487 CATALINA ISLES CIRCLE
VENICE, FL 34292 US**

Mailing Address
**C/O CMR PROPERTY MANAGEMENT
40 SARASOTA CENTER BLVD., 108A
SARASOTA, FL 34240 US**

40041750



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

65-0152168

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CMR PROPERTY MANAGMENT INC
40 SARASOTA CENTER BLVD., 108A
SARASOTA, FL 34240**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**ATL
CARSON, DALE
564 CATALINA ISLES
VENICE, FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MUCKINHAUPT, DICK
406 BERMUDA ISLES CIRCLE
VENICE, FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Treasurer
406 Bermuda Isles Cir,
Venice, FL.* ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VAST
GAUMOND, NOEL
CATALINA ISLES CIRCLE
VENICE, FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VAN DEVENTER, FOREST
561 CATALINA ISLES
VENICE, FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MCGOWAN, BOB
404 BERMUDA CIR
VENICE, FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
GLINKE, MARLENE
470 BERMUDA ISLES CIR
VENICE, FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

Richard Muckin Haupt

3/15/07 941-496-9175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #