

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90045 012 ****61.25

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04062008 Chg-NP CR2E037 (12/06)

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0152168	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CMR PROPERTY MANAGMENT INC 40 SARASOTA CENTER BLVD., 108A SARASOTA, FL 34240				7. Name and Address of New Registered Agent 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 4/14/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MUCKINHAUPT, DICK 406 BERMUDA ISLES CIRCLE VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Zacharias, Scott 411 Bermuda Isles Circle Venice, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAST GAUMOND, NOEL CATALINA ISLES CIRCLE VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN DEVENTER, FOREST 561 CATALINA ISLES VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MADDEN, MICHAEL 542 Catalina Isles Circle Venice, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCGOWAN, BOB 404 BERMUDA CIR VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GLINKE, MARLENE 470 BERMUDA ISLES CIR VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: 4/14/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					