

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37267 (4)
1. Corporation Name
CHESTNUT TRAIL PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O DISTINCTIVE HOMES OF THE PALM BEACHES
~~13857 WELLINGTON TRACE, STE. D-1~~
WELLINGTON FL 33414

3. Date Incorporated or Qualified **03/20/1990** 3a. Date of Last Report **11/20/1995**
4. FEI Number **65-0330696** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 **12765 W. Forest Hill #1302** 27 **12765 W. Forest Hill #1302**
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, MICHAEL
DIST. HOMES OF THE PALM BEACHES
~~13857 WELLINGTON TRACE, STE. D-1~~ **12765 W. Forest Hill**
WELLINGTON FL 33414 **#1302**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PBD	<input type="checkbox"/> DELETE
NAME	CADY, HOLLY	
STREET ADDRESS	4041 N. CENTRAL AVE., STE. 300	
CITY-ST-ZIP	PHOENIX AZ 85012	
TITLE	VPBD	<input type="checkbox"/> DELETE
NAME	HALDEN, DORENE	
STREET ADDRESS	4041 N. CENTRAL AVE., STE. 300	
CITY-ST-ZIP	PHOENIX AZ 85012	
TITLE	STBD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, MONA	
STREET ADDRESS	4041 N. CENTRAL AVE., STE. 300	
CITY-ST-ZIP	PHOENIX AZ 85012	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOSTE, CHERYL	
STREET ADDRESS	13857 WELLINGTON TRACE, STE. D-1	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CHERYL HOSTE, ASST SECY Cheryl Hoste 1-24-96 407-793-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)