


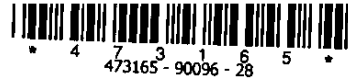
FILE NOW: FILING FEE IS \$61.25

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90096 028 ****61.25

USA-C-008

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37267					
1. Corporation Name CHESTNUT TRAIL PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O DISTINCTIVE HOMES OF THE PALM BEACHES 12765 W. FOREST HILL, #1302 WELLINGTON FL 33414 US			Mailing Address C/O DISTINCTIVE HOMES OF THE PALM BEACHES 12765 W. FOREST HILL, #1302 WELLINGTON FL 33414 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0330696	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NELSON, MICHAEL C/O DISTINCTIVE HOMES OF THE PALM BEACHES 12765 W. FOREST HILL, #1302 WELLINGTON FL 33414				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME ZUCKER, ALAN				1.2 NAME			
STREET ADDRESS 12765 W. FOREST HILL BLVD., SUITE 1302				1.3 STREET ADDRESS			
CITY-ST-ZIP WELLINGTON FL 33414				1.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME CHERYL HOSKING				2.2 NAME			
STREET ADDRESS 12765 W. FOREST HILL BLVD., SUITE 1302				2.3 STREET ADDRESS			
CITY-ST-ZIP WELLINGTON FL 33414				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME WOLOFSKY, DAVID				3.2 NAME			
STREET ADDRESS 12765 W. FOREST HILL BLVD., SUITE 1302				3.3 STREET ADDRESS			
CITY-ST-ZIP WELLINGTON FL 33414				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME NELSON, MICHAEL H				4.2 NAME			
STREET ADDRESS 12765 W. FOREST HILL BLVD., SUITE 1302				4.3 STREET ADDRESS			
CITY-ST-ZIP WELLINGTON FL 33414				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/24/99 561-793-7666

CR2E037 (11/98)