

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37267

1. Entity Name

CHESTNUT TRAIL PROPERTY OWNERS ASSOCIATION, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90199 048 ****61.25

Principal Place of Business

Mailing Address

C/O GRS MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH FL 33463
US

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3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH FL 33463
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0330696

Applied For

Not Applicable

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

WOLOFSKY, DAVID

14334 STROLLER WAY
Wellington, FL 33414

Name

STEVEN Daniels

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

515 N. Flagler Drive STE 600

City

WEST Palm Beach

FL

Zip Code

33401

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME ZUCKER, ALAN
STREET ADDRESS 14334 STROLLER WAY
CITY-ST-ZIP WELLINGTON FL 33414

TITLE VPD ☐ Change ☒ Addition
NAME Evangelista, LYNN
STREET ADDRESS 14335 STROLLER WAY
CITY-ST-ZIP Wellington, FL 33414

TITLE STD ☒ Delete
NAME COLEMAN, CAROL
STREET ADDRESS 14224 STROLLER WAY
CITY-ST-ZIP WELLINGTON FL 33414

TITLE PD ☒ Change ☐ Addition
NAME Coleman, CAROL
STREET ADDRESS 14224 STROLLER WAY
CITY-ST-ZIP Wellington, FL 33414

TITLE VPD ☒ Delete
NAME WOLOFSKY, DAVID
STREET ADDRESS 14334 STROLLER WAY
CITY-ST-ZIP WELLINGTON FL 33414

TITLE STD ☐ Change ☐ Addition
NAME GASTON, VIRGINIA
STREET ADDRESS 14345 STROLLER WAY
CITY-ST-ZIP Wellington FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 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: *Carol Coleman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)