


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90175 007 ****61.25

DOCUMENT # N92000000719 1. Entity Name CHESTNUT RIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751 US			Mailing Address 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WEBB, ROBIN L 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	TD SMITH, JULIE 234 CHESTNUT RIDGE STREET WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Seaman, Jamie 230 Chestnut Ridge St Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP POTTER, BARBARA 202 CHESTNUT RIDGE ST. WINTER SPRINGS, FL 327084341	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD melkun, Debra 228 Chestnut Ridge St Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAGENKOPF, DANIELE 208 CHESTNUT RIDGE ST. WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marion, Carol 222 Chestnut Ridge Str Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, TARA 231 CHESTNUT RIDGE DRIVE WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rosack, Lynn 311 Hazel nut St Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nager, Sam 315 Hazel nut St Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/12/06</u> Daytime Phone # _____		

40062320



04102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3166747

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

WEBB, ROBIN L
901 N. LAKE DESTINY DRIVE STE 110
MAITLAND, FL 32751

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.

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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, 2006

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
TD
SMITH, JULIE
234 CHESTNUT RIDGE STREET
WINTER SPRINGS, FL 32708

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Seaman, Jamie
230 Chestnut Ridge St
Winter Springs, FL 32708

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
POTTER, BARBARA
202 CHESTNUT RIDGE ST.
WINTER SPRINGS, FL 327084341

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
melkun, Debra
228 Chestnut Ridge St
Winter Springs, FL 32708

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PAGENKOPF, DANIELE
208 CHESTNUT RIDGE ST.
WINTER SPRINGS, FL 32708

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Marion, Carol
222 Chestnut Ridge Str
Winter Springs, FL 32708

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'NEILL, TARA
231 CHESTNUT RIDGE DRIVE
WINTER SPRINGS, FL 32708

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Rosack, Lynn
311 Hazel nut St
Winter Springs, FL 32708

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Nager, Sam
315 Hazel nut St
Winter Springs, FL 32708

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/12/06 Daytime Phone # _____