

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90007 005 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3166747	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE </div> </div>					
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 PD NAME SEAMAN, JAMIE STREET ADDRESS 230 CHESTNUT RIDGE ST CITY-ST-ZIP WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Seaman, Jamie STREET ADDRESS 230 Chestnut Ridge Street CITY-ST-ZIP Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME MELKUN, DEBRA STREET ADDRESS 228 CHESTNUT RIDGE ST CITY-ST-ZIP WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME MARION, CAROL STREET ADDRESS 222 CHESTNUT RIDGE ST CITY-ST-ZIP WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE ST NAME Marion, Carol STREET ADDRESS 222 Chestnut Ridge Street CITY-ST-ZIP Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ROSACK, LYNN STREET ADDRESS 311 HAZEL NUT ST CITY-ST-ZIP WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NAGER, SAM STREET ADDRESS 315 HAZEL NUT ST CITY-ST-ZIP WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE P NAME Nager, Sam STREET ADDRESS 315 Hazelnut Street CITY-ST-ZIP Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input 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: Samuel Nager					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 1-30-08		<small>Daytime Phone #</small> 407-971-8675