


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000007236</b>	
1. Entity Name <b>CHESTERHILL ESTATES PHASE 4 HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>6525 SINISI DRIVE MT. DORA, FL 32757</b>	Mailing Address <b>6525 SINISI DRIVE MT. DORA, FL 32757</b>
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**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>16-1622182</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KELLER, LAURA  
6525 SINISI DRIVE  
MT. DORA, FL 32757**

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IN THIS SPACE**

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 *Laura Keller* **LAURA KELLER** 2-10-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLER, LAURA 6525 SINISI DRIVE MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLER, CHARLES 6525 SINISI DRIVE MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, DALE 6519 SINISI DRIVE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, EDITH 7368 CHESTERHILL CIRCLE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARQUEZ, ANA 7345 CHESTERHILL CIRCLE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/05-80020-017.61.25

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: *Laura Keller* **LAURA KELLER** 2-10-05 352-385-4348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #