

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000007236

1. Entity Name
**CHESTERHILL ESTATES PHASE II HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**6525 SINISI DRIVE
MT. DORA, FL 32757**

Mailing Address
**6525 SINISI DRIVE
MT. DORA, FL 32757**



02032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1622182

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

Saura Keller

2-05-07

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
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
**D
HEINE, ELIZABETH
7374 CHESTER HILL CIRCLE
MOUNT DORA, FL 32757**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000625275
02/14/07-80068-017 61.25

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IN THIS SPACE**

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

Saura Keller LAURA KELLER

2-05-07

352-385-4348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #