

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007236

FILED  
Jan 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6525 SINISI DRIVE  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

6525 SINISI DRIVE  
MT. DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 16-1622182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: KELLER, LAURA  
Address: 6525 SINISI DRIVE  
City-St-Zip: MT. DORA, FL 32757

Title: PD ( ) Delete  
Name: KELLER, CHARLES  
Address: 6525 SINISI DRIVE  
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Delete  
Name: WALLACE, DALE  
Address: 6519 SINISI DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: ACKERMAN, EDITH  
Address: 7368 CHESTERHILL CIRCLE  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: HEINE, ELIZABETH  
Address: 7374 CHESTER HILL CIRCLE  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA KELLER

STD

01/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date