## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742910** 

Entity Name: CHESTNUT WOODS HOMEOWNERS' ASSOCIATION, INC.

**FILED** Apr 17, 2013 **Secretary of State** CC3123601316

## **Current Principal Place of Business:**

C\O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI, FL 33186

## **Current Mailing Address:**

C\O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI, FL 33186 US

FEI Number: 59-1948753 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

SRLD, INC. 201 ALHAMBRA CIRCLE **SUITE 1102** 

CORAL GABLES, FL 33134 US

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

Officer/Director Detail:

Title Title SD

Name SANCHEZ, IDRIKE MR Name JOHNSON, BRIAN MR

CO COURTESY PROPERTY CO COURTESY PROPERTY Address Address **MANAGEMENT MANAGEMENT** 

13250 SW 135 AVENUE

13250 SW 135 AVENUE

MIAMI FL 33186 MIAMI FL 33186 City-State-Zip: City-State-Zip:

Title PD Title D

DRESCHER, ANGIE MS FLORES, PAULETTE MS Name Name

Address CO COURTESY PROPERTY Address CO COURTESY PROPERTY

MANAGEMENT MANAGEMENT 13250 SW 135 AVENUE 13250 SW 135 AVENUE

City-State-Zip: MIAMI FL 33186 City-State-Zip: MIAMI FL 33186

Title TD

Name QUINTERO, LUIS MR

CO COURTESY PROPERTY Address

**MANAGEMENT** 

13250 SW 135 AVENUE

City-State-Zip: MIAMI FL 33186

I hereby 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 all other like empowered.

SIGNATURE: PAULETTE FLORES

**PRESIDENT** 

04/17/2013

Date