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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732377 (7)

1. Corporation Name  
CHELSEA HOUSE OF PORT CHARLOTTE - A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE FL 33952  
CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE FL 33952



2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 04/03/1975 3a. Date of Last Report 02/19/1996  
4. FEI Number 59-1574969 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
RILEY, EARL R.  
309 CHELSEA HOUSE  
2290 AARON STREET  
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD DELETE  
NAME BRANDENSTEIN, CHARLES  
STREET ADDRESS 2290 AARON ST, UNIT 204  
CITY-ST-ZIP PT CHARLOTTE, FL 00000  
TITLE SD DELETE  
NAME RILEY, EARL  
STREET ADDRESS 2290 AARON ST, UNIT 309  
CITY-ST-ZIP PT CHARLOTTE, FL 00000  
TITLE D DELETE  
NAME WEST, ETHEL  
STREET ADDRESS 2290 AARON ST, UNIT 202  
CITY-ST-ZIP PT CHARLOTTE, FL 00000  
TITLE TD DELETE  
NAME BRANDENSTEIN, CATHERINE  
STREET ADDRESS 2290 AARON ST, UNIT 204  
CITY-ST-ZIP PT CHARLOTTE, FL 00000  
TITLE VD DELETE  
NAME MAIN, LUCILLE  
STREET ADDRESS 2290 AARON ST, UNIT 210  
CITY-ST-ZIP PORT CHARLOTTE FL  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Brandenstein REQUIRED E. Brandenstein 2-10-97 627-0498 941-

CR2E037 (9/96)