FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

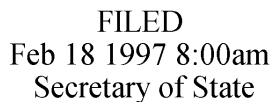
Principal Place of Business

732377

(7)

CHELSEA HOUSE OF PORT CHARLOTTE - A CONDOMINIUM ASSOCATION, INC.

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			ET	
						3. Date Incorporated or Qualified 04/03/1975 02/19/1996
Principal Place of Business Address Address						4. FEI Number Applied For
21	· · · · · · · · · · · · · · · · · · ·	26				59-1574969 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	25 29 30			ntry		8. This corporation has liability for intangible tex under s. 199.032, Florida Statutes
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81	Name	
RILEY, EARL R. 309 CHELSEA HOUSE				82	Street A	Address (P.O. Box Number is Not Acceptable)
2290 AARON STREET				83		
PORT CHARLOTTE FL 33952				84	City	FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the ab	ove	-named o	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Flo	orida Stati	ites.	rue corbo	position a position of directors. I nereby accept the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered	Ager	ni signature n	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TIT	1 F	··	Change Addition
NAME	BRANDENSTEIN, CHARLES		1.2 NA			and the go
STREET ADDRESS	2290 AARON ST, UNIT 204				ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000		1.4 CIT	Y-ST	- ZIP	
TITLE	SD	DELETE	2.1 T IT	2.1 TITLE		Change
NAME	RILEY, EARL		2.2 NA	ME		
STREET ADDRESS	2290 AARON ST, UNIT 309		2.3 STREET		ADDRESS	
CHTY-ST-ZIP	PT CHARLOTTE, FL 00000		2. 4 CI	TY - \$1	T-ZIP	
TrTLE	D	☐ DELETE	3.1 TIT	L€		Change Addition
NAME	WEST, ETHEL		3.2 NA	M€	1	
STREET ADDRESS	2290 AARON ST, UNIT 202				ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	DELETE	3.4. CI		T-ZIP	
TITLE NAME	TD DANDENCTEIN CATHEDINE	☐ DEFFIE	4.1 10			Change Addition
STREET ADDRESS	BRANDENSTEIN, CATHERINE 2290 AARON ST, UNIT 204		4. 2 NA		ADDDCCC	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000		4.4 CIT		ADDRESS	·
TITLE	VD VD	DELETE	5.1 111		- 21	☐ Change ☐ Addition
NAME	MAIN, LUCILLE			5.2 NAME		- voorge ja pysittett
STREET ADDRESS	2290 AARON ST, UNIT 210				ADORESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		5.4 CIT			
TITLE		☐ DELETE	6.1 TIT			Change Addition
NAME			6.2 NA	ME		j
STREET ADDRESS			6.3 STF	REET A	ADDRESS	ļ
CITY-ST-ZIP			6.4 CIT	Y-\$1	- 21P	

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 path; 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 shanged, or on an attachment with an address.

SIGNATURE: 627-0498