

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90149 041 ****61.25

DOCUMENT # 732377

1. Entity Name

CHELSEA HOUSE OF PORT CHARLOTTE - A CONDOMINIUM

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

710910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1574969

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINHARD, ROBERT
 2290 AARON STREET, UNIT 305
 CHELSEA HOUSE
 PORT CHARLOTTE FL 33952

Name

Therese Mason

Street Address (P.O. Box Number is Not Acceptable)

2290 Aaron Street Unit 115

City

Port Charlotte

FL

Zip Code

33952

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.

SIGNATURE

Therese Ann Mason

2/1/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME REINHARD, ROBERT
 STREET ADDRESS 2290 AARON STREET UNIT 305
 CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☒ Delete
 NAME SEMOCK, ELSIE
 STREET ADDRESS 2290 AARON STREET, UNIT 302
 CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE ☐ Change ☒ Addition
 NAME S.D. SEWICK MILDRED
 STREET ADDRESS 2290 AARON ST. # 209
 CITY-ST-ZIP PT. CHARLOTTE FLA. 33952

TITLE VD ☒ Delete
 NAME RILEY, EARL
 STREET ADDRESS 2290 AARON ST, UNIT 309
 CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME MASON, THERESE
 STREET ADDRESS 2290 AARON STREET, UNIT 115
 CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE ☒ Change ☐ Addition
 NAME PD. Mason, Therese
 STREET ADDRESS 2290 Aaron Street #115
 CITY-ST-ZIP Port Charlotte FL 33952

TITLE D ☐ Delete
 NAME HEYER, DOROTHY
 STREET ADDRESS 2290 AARON STREET, UNIT 211
 CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☒ Addition
 NAME TD. VAN SWERINGEN, PAUL
 STREET ADDRESS 2290 AARON ST. # 205
 CITY-ST-ZIP PT. CHARLOTTE FLA 33952

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME D. Dessart, Edward
 STREET ADDRESS 2290 Aaron St. #212
 CITY-ST-ZIP Port Charlotte FL 33952

12. I 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 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:

Therese Ann Mason Therese Ann MASON 2/1/2000 627-5474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

66(6) 1/13 1/17 9/99