

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90571 049 \*\*\*\*61.25

DOCUMENT # 732377

1. Entity Name

CHELSEA HOUSE OF PORT CHARLOTTE - A CONDOMINIUM

Principal Place of Business

CHARLOTTE SQUARE CONDOMINIUMS  
MANAGER'S OFFICE 2296 AARON STREET  
PORT CHARLOTTE FL 33952

Mailing Address

CHARLOTTE SQUARE CONDOMINIUMS  
MANAGER'S OFFICE 2296 AARON STREET  
PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1574969

Applied For

Not Applicable

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

MASON, THERESE  
2290 AARON STREET., 115  
CHELSEA HOUSE  
PORT CHARLOTTE FL 33952

Name MURIEL ADAMS

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

2290 AARON STREET 101

CHELSEA HOUSE

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 *Muriel Adams*

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

(NOTE: Registered Agent signature required when reinstating)

01/27/01

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	<input checked="" type="checkbox"/> Delete
NAME	MASON, THERESE	
STREET ADDRESS	2290 AARON ST., 115	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SEWICK, MILDRED	
STREET ADDRESS	2290 AARON ST., 209	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAN SWEARINGEN, PAUL	
STREET ADDRESS	2290 AARON ST., 205	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MASON, THERESE	
STREET ADDRESS	2290 AARON STREET, UNIT 115	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEYER, DOROTHY	
STREET ADDRESS	2290 AARON STREET, UNIT 211	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESSART, EDWARD	
STREET ADDRESS	2290 AARON ST 205	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURIEL ADAMS	
STREET ADDRESS	2290 AARON ST., 101	
CITY-ST-ZIP	PT CHARLOTTE, FL 33952	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE FLYNN (MARIE)	
STREET ADDRESS	2290 AARON ST. 313	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Van Swearingen, Paul	
STREET ADDRESS	2290 Aaron St., 205	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELSIE SEMOCK	
STREET ADDRESS	2290 AARON ST 302	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Muriel Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

235-5512

Date

Daytime Phone #

CR2E037 (10/00)