

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90040 039 \*\*\*\*61.25

**DOCUMENT # 732377**

1. Entity 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

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

**ADAMS, MURIEL  
 2290 AARON STREET., 115  
 CHELSEA HOUSE  
 PORT CHARLOTTE FL 33952**

Name **Fouts, Leo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2290 Aaron Street # 108**  
**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

*X Leo Fouts*

*4/1/02*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Leo Fouts 2290 Aaron St # 108 Port Charlotte FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Elsie Semack 2290 Aaron St # 302 Port Charlotte, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Joan Reinhard 2290 Aaron St # 305 Port Charlotte FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nancy Degan 2290 Aaron St # 314 Port Charlotte FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vinny Panettieri 2290 Aaron St # 213 Port Charlotte FL 33952 Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*X Leo Fouts*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/1/02*  
 Date  
*629 6925*  
 Daytime Phone #

CR2E037 (9/01)