

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90026 038 \*\*\*\*61.25

**DOCUMENT # 732377**

1. Entity Name

**CHELSEA HOUSE OF PORT CHARLOTTE - A  
CONDOMINIUM ASSOCIATION, INC.**



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**

**04026963**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**FOUTS, LEO  
2290 AARON ST. #108  
CHELSEA HOUSE  
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Nancy Lee Degan*  
Signature, typed or printed name of registered agent and title if applicable

*Nancy Lee Degan*  
(NOTE: Registered Agent signature required when reinstating)

DATE

**3/19/04**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME FOUTS, LEO  
STREET ADDRESS 2290 AARON ST. #108  
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE VD ☐ Delete  
NAME SEMOCK, ELSIE  
STREET ADDRESS 2290 AARON ST. #302  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE TD ☐ Delete  
NAME REINHARD, JOAN  
STREET ADDRESS 2290 AARON ST. #305  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE SD ☐ Delete  
NAME DEGAN, NANCY  
STREET ADDRESS 2290 AARON ST. #314  
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE D ☒ Delete  
NAME PANETTIERI, VINNY  
STREET ADDRESS 2290 AARON ST. #213  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition  
NAME French, madeline  
STREET ADDRESS 2290 aaron st. #203  
CITY-ST-ZIP Port CHARLOTTE, FL 33952

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

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

TITLE PD ☒ Change ☐ Addition  
NAME Degan, Nancy  
STREET ADDRESS 2290 aaron st #314  
CITY-ST-ZIP Port Charlotte FL 33952

TITLE D ☐ Change ☒ Addition  
NAME Karpovich, Mary  
STREET ADDRESS 2290 aaron st. #204  
CITY-ST-ZIP Port Charlotte FL 33952

TITLE ☐ Change ☐ 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:

*Nancy Lee Degan* *Nancy Lee Degan* **3/19/04 (941) 625-4216**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #