


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90202 029 ****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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-1574969				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEGAN, NANCY L 2290 AARON ST. #314 PORT CHARLOTTE, FL 33952			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD		TITLE	Director	
NAME	FRENCH, MADELINE		NAME	Mohrbacher, Gail	
STREET ADDRESS	2290 AARON ST #203		STREET ADDRESS	2290 Aaron St. # 103	
CITY-ST-ZIP	PT CHARLOTTE, FL 33952		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	Vice-President		TITLE		
NAME	HART, AUDREY		NAME		
STREET ADDRESS	2290 AARON ST. #312		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	REINHARD, JOAN		NAME		
STREET ADDRESS	2290 AARON ST. #305		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	PD		TITLE		
NAME	DEGEN, NANCY L		NAME		
STREET ADDRESS	2290 AARON ST. #314		STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	SD		TITLE		
NAME	KARPOVICH, MARY		NAME		
STREET ADDRESS	2290 AARON ST #204		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Nancy L Degen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/06 941 625 4216 <small>Date Daytime Phone #</small>		