

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732377

FILED
Jan 29, 2009
Secretary of State

Entity Name: CHELSEA HOUSE OF PORT CHARLOTTE - A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

CHELSEA HOUSE OF PORT CHARLOTTE- A CONDOMINIUM
2290 AARON STREET, BOX 100
PORT CHARLOTTE, FL 33952

FEI Number: 59-1574969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEGEN, NANCY L
2290 AARON ST. #314
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

MOHRBACHER, GAIL W
2290 AARON ST. #103
PORT CHARLOTTE, FL 33952 US

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: GAIL W MOHRBACHER

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEGEN, NANCY L
Address: 2290 AARON ST, #314
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: HART, AUDREY
Address: 2290 AARON ST. #312
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD () Delete
Name: MOHRBACHER, GAIL
Address: 2290 AARON ST. #103
City-St-Zip: PT CHARLOTTE, FL 33952

Title: SD () Delete
Name: KARPOVICH, MARY
Address: 2290 AARON ST #204
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: REINHARD, JOAN
Address: 2290 AARON ST #305
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MOHRBACHER, GAIL W
Address: 2290 AARON ST, #103
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MOHRBACHER, GAIL W
Address: 2290 AARON ST. #103
City-St-Zip: PT CHARLOTTE, FL 33952

Title: D (X) Change () Addition
Name: HOFMANN, BILL
Address: 2290 AARON ST #214
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL W MOHRBACHER

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date