



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000000800 1. Entity Name CHELSEA OAKS TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.						FILED 07 SEP 19 PM 4:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 2045 SAN MARCOS DRIVE WINTER HAVEN, FL 33880			Mailing Address 2045 SAN MARCOS DRIVE WINTER HAVEN, FL 33880						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State		City & State		09102007 Chg-NP CR2E037 (12/06)		4. FEI Number 20-4531271		Applied For Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TENAGLIA, RICHARD A C/O CREATIVE ASSOCIATION SERVICES, INC. WINTER HAVEN, FL 33880						7. Name and Address of New Registered Agent			
Name						Name			
Street Address (P.O. Box Number is Not Acceptable)						Street Address (P.O. Box Number is Not Acceptable)			
City						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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>									
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, ROBERT J 3020 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard A Tenaglia 2045 San Marcos Drive Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D. JOEL ADAMS 3020 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Steven L Cassidy 250 Avenue K SE Winter Haven FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASSIDY, ALBERT B 3020 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Albert B Cassidy 250 Avenue K SE Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	700110232837 10/03/07--01032--018 **\$61.25						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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 supplement 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: <u>Albert B. Cassidy</u> Albert B. Cassidy <u>9-10-07</u> 863-324-3698 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #</small>									