

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N13405 (8)**  
1. Corporation Name  
**CHELSEA WOODS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: P.O. BOX 15534 CLEARWATER FL 34629-5534  
Mailing Address: P.O. BOX 15534 CLEARWATER FL 34629-5534

3. Date Incorporated or Qualified: **02/12/1986**  
3a. Date of Last Report: **04/13/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2804327</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**GREEN, STEVE**  
2864 CHELSEA PLACE SOUTH  
CLEARWATER FL 34619

81. Name: **RON HREN**  
82. Street Address (P.O. Box Number is Not Acceptable): **2865 CHELSEA PLACE NORTH**  
83.   
84. City: **CLEARWATER** FL 85. Zip Code: **34619**

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6/30/96.**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GREEN, STEVE		1.2 NAME: RON HREN	
STREET ADDRESS: 2864 CHELSEA PLACE SO.		1.3 STREET ADDRESS: 2865 CHELSEA PL N	
CITY-ST-ZIP: CLEARWATER FL		1.4 CITY-ST-ZIP: CLEARWATER FL. 34619	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: POIRIER, HAVEN		2.2 NAME: SUSAN WEINBERG	
STREET ADDRESS: 2820 CHELSEA PLACE NORTH		2.3 STREET ADDRESS: 2821 CHELSEA P.S.	
CITY-ST-ZIP: CLEARWATER FL		2.4 CITY-ST-ZIP: CLEARWATER FL 34619	
TITLE: TD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HINTON, JOYCE		3.2 NAME:	
STREET ADDRESS: 2889 CHELSEA PLACE SOUTH		3.3 STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER FL		3.4 CITY-ST-ZIP:	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Juhl, DON		4.2 NAME: BILL PRITZ	
STREET ADDRESS: 2888 CHELSEA PLACE NORTH		4.3 STREET ADDRESS: 2857 CHELSEA PL S.	
CITY-ST-ZIP: CLEARWATER FL		4.4 CITY-ST-ZIP: CLEARWATER FL 34619	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JOYCE A. HINTON** DATE: **3-15-96**

CR2E037 (12/95)