


FILE NOW: FILING FEE IS \$61.25

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Jun 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
P.O. BOX 15534 CLEARWATER FL 34629-5534

3. Date Incorporated or Qualified 02/12/1986  
3a. Date of Last Report 07/05/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 552 Main Street  
22 City & State 27 Jacksonville, FL  
23 Zip 24 34615 Country 25 Country 29

4. FEI Number 59-2804327 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
GREEN, STEVE  
2864 CHELSEA PLACE SOUTH  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent  
81 Name STEVEN H. MEZER, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable) 1212 COURT STREET ST. B.  
83  
84 City Clearwater, FL FL 85 Zip Code 34606

11. Pursuant to the provisions of Sections 617.0902 and 617.1508, 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] STEVEN H. MEZER, Pres. DATE 4-15-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME HEREN, RON	STREET ADDRESS 2865	CITY-ST-ZIP CLEARWATER FL	<input checked="" type="checkbox"/> DELETE
TITLE SD	NAME WEINBERG, SUSAN	STREET ADDRESS 2821 CHELSEA PL S	CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE TD	NAME HINTON, JOYCE	STREET ADDRESS 2869 CHELSEA PLACE SOUTH	CITY-ST-ZIP CLEARWATER FL	<input checked="" type="checkbox"/> DELETE
TITLE VD	NAME PRITZ, BILL	STREET ADDRESS 2857 CHELSEA PL S	CITY-ST-ZIP CLEARWATER FL	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.	NAME Bill Pritz	STREET ADDRESS 2857 Chelsea Place South	CITY-ST-ZIP Clearwater, FL 34619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	NAME	STREET	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE T.	NAME Lori Potenza	STREET ADDRESS 2583	CITY-ST-ZIP Clearwater, FL 34619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE D	NAME Michael Gordon	STREET ADDRESS 2880 Chelsea Place South	CITY-ST-ZIP Clearwater, FL 34619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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.

CR2E037 (9/96)

Handwritten initials/signature