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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90039 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13405

1. Corporation Name
CHELSEA WOODS HOMEOWNERS ASSOCIATION, INC.

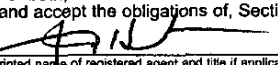
Principal Place of Business P.O. BOX 15534 CLEARWATER FL 34629-5534	Mailing Address 552 MAIN STREET SAFETY HARBOR FL 34695
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2. Principal Place of Business 21 2180 W SR 434 Suite, Apt. #, etc. 22 STE 5000 City & State 23 LONGWOOD FL Zip Country 24 32779 25 US	2a. Mailing Address 26 2180 W SR 434 Suite, Apt. #, etc. 27 STE 5000 City & State 28 LONGWOOD FL Zip Country 29 32779 30 US	3. Date Incorporated or Qualified 02/12/1986 4. FEI Number 59-2804327 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required if 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent MEZER, STEVEN H P.A. 1212 COURT STREET, STE B CLEARWATER FL 34626	10. Name and Address of New Registered Agent 81 Name HART, JAMES W JR 82 Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC 83 2180 W SR 434 STE 5000 84 City LONGWOOD FL 85 Zip Code 32779
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11. Pursuant to the provisions of Sections 617.0502 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:  DATE: 2/27/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD NAME GREEN, STEVE STREET ADDRESS 2864 CHELSEA PLACE SOUTH CITY-ST-ZIP CLEARWATER FL 33759	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GILL, LENI STREET ADDRESS 2881 CHELSEA PLACE SOUTH CITY-ST-ZIP CLEARWATER FL 33759	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME POTENZA, LORI STREET ADDRESS 2583 CHELSEA PLACE SOUTH CITY-ST-ZIP CLEARWATER FL 33759	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME GORDON, MICHAEL STREET ADDRESS 2880 CHELSEA PLACE SOUTH CITY-ST-ZIP CLEARWATER FL 33759	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME JUHL, DONNA STREET ADDRESS 2868 CHELSEA PLACE NORTH CITY-ST-ZIP CLEARWATER FL 33759	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D DOGANIERO, DAWN 2832 CHELSEA PL NORTH CLEARWATER FL 34619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE:  DATE: 3-3-99 DAYTIME PHONE #: 727-799-8982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

N 13405

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CHELSEA WOODS HOMEOWNERS ASSN., INC.

	DELETE	ADDITION	CHANGE
TITLE		X	
NAME	VD		
STREET ADDRESS	PRITZ, BILL		
CITY ST ZIP	2857 CHELSEA PL SOUTH CLEARWATER FL 34619		

	DELETE	ADDITION	CHANGE
TITLE		X	
NAME	SD		
STREET ADDRESS	WEINBERG, SUSAN		
CITY ST ZIP	2821 CHELSEA PLACE SOUTH CLEARWATER FL 34619		

	DELETE	ADDITION	CHANGE
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			

	DELETE	ADDITION	CHANGE
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			

	DELETE	ADDITION	CHANGE
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			