

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90125 017 ****70.00

DOCUMENT # N13405

1. Entity Name

CHELSEA WOODS HOMEOWNERS ASSOCIATION, INC. ✓

Principal Place of Business

Mailing Address

**2852 CHELSEA PLACE SOUTH
 CLEARWATER FL 33759**

**2852 CHELSEA PLACE SOUTH
 CLEARWATER FL 33759**

2. Principal Place of Business

3. Mailing Address

2880 CHELSEA PL. N.

P.O. BOX 14057

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER FL

CLEARWATER, FL

Zip

Country

Zip

Country

33759

USA

33766-4057

USA

4. FEI Number

59-2804327

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUGLER, BEN

**2852 CHELSEA PLACE SOUTH
 CLEARWATER FL 33759**

Name

COLLEGE, LORI

Street Address (P.O. Box Number is Not Acceptable)

2880 CHELSEA PL. NORTH

City

CLEARWATER

FL

Zip Code

33759

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.

SIGNATURE **ALLEN L. JACOBSEN, VICE-PRESIDENT**

Allen L. Jacobsen

7-4-02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLEGE, LORI 2880 CHELSEA PLACE NORTH CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POTENZA, JOHN 2853 CHELSEA PLACE NORTH CLEARWATER FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUGLER, BEN 2852 CHELSEA PLACE SOUTH CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'BRIEN, RONDA 2865 CHELSEA PLACE NORTH CLEARWATER FL 33759	<input 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOKE, GARY 2885 CHELSEA PL. N. CLEARWATER FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACOBSEN, ALLEN 2868 CHELSEA PL N CLEARWATER FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLEGE, LORI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLEGE, LORI 2880 CHELSEA PL. N. CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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: *Allen L. Jacobsen* **ALLEN L. JACOBSEN**

Date **7-4-02** Daytime Phone # **727510 0775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/01)