

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 14, 2003 8:00 am
Secretary of State

1/1

01-16-2003 90074 035 ****70.00

DOCUMENT # N13405

1. Entity Name
CHELSEA WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **2880 CHELSEA PL N CLEARWATER FL 33759**

Mailing Address: **PO BOX 14057 CLEARWATER FL 33766**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: **2868 Chelsea PL N**

3. Mailing Address: Suite, Apt. #, etc.

City & State: **Clearwater, FL**

City & State: _____

Zip: **33759** Country: **USA**

Zip: _____ Country: _____

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

~~COLLEGE LORI
2880 CHELSEA PL NORTH
CLEARWATER FL 33759~~

7. Name and Address of New Registered Agent

Name: **ALLEN L. JACOBSEN**

Street Address (P.O. Box Number is Not Acceptable): **2868 Chelsea Pl. N.**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Allen Jacobsen* (NOTE: Registered Agent signature required when reinstating) DATE: **1-14-03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE: PD	NAME: COOK, GARY	<input type="checkbox"/> Delete
STREET ADDRESS: 2885 CHELSEA PL N		
CITY-ST-ZIP: CLEARWATER FL 33759		
TITLE: VPD	NAME: POTENZA, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS: 2853 CHELSEA PLACE NORTH		
CITY-ST-ZIP: CLEARWATER FL 33759		
TITLE: VPD	NAME: JACOBSEN, ALLEN	<input type="checkbox"/> Delete
STREET ADDRESS: 2868 CHELSEA PL N		
CITY-ST-ZIP: CLEARWATER FL 33759		
TITLE: SD	NAME: O'BRIEN, RONDA	<input type="checkbox"/> Delete
STREET ADDRESS: 2865 CHELSEA PLACE NORTH		
CITY-ST-ZIP: CLEARWATER FL 33759		
TITLE: TD	NAME: COLLEGE, LORE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 2880 CHELSEA PL N		
CITY-ST-ZIP: CLEARWATER FL 33759		
TITLE: SEC.	NAME: BEFAZIO BETH	<input type="checkbox"/> Delete
STREET ADDRESS: 2845 CHELSEA PL. S.		
CITY-ST-ZIP: CLEARWATER, FL. 33759		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

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 Jacobsen* **REQUIRED** DATE: **1-14-03** DAYTIME PHONE: **727 224 9660**

CR2E037 (10/02)