

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732377

FILED
Mar 05, 2013
Secretary of State
CC0811080839**Entity Name:** CHELSEA HOUSE OF PORT CHARLOTTE - A CONDOMINIUM
ASSOCIATION, INC.**Current Principal Place of Business:**CHELSEA HOUSE OF PORT CHARLOTTE
MANAGER'S OFFICE 2296 AARON STREET
PORT CHARLOTTE, FL 33952**Current Mailing Address:**CHELSEA HOUSE OF PORT CHARLOTTE
MANAGER'S OFFICE 2296 AARON STREET
PORT CHARLOTTE, FL 33952 US**FEI Number: 59-1574969****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LOWRY, PETER
2290 AARON ST. #209
PORT CHARLOTTE, FL 33952 US*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: PETER LOWRY****03/05/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	LOWRY, PETER
Address	2290 AARON ST. #209
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	VP, DIRECTOR
Name	OBERLANDER, JAY
Address	2290 AARON ST. #104
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	TREASURER, DIRECTOR
Name	MYERS, NANCY
Address	2290 AARON ST. #101
City-State-Zip:	PT CHARLOTTE FL 33952

Title	SECRETARY, DIRECTOR
Name	HOCHMAN, ALICE
Address	2290 AARON ST #313
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	TURNER, PAT
Address	2290 AARON STREET #106
City-State-Zip:	PORT CHARLOTTE FL 33952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER LOWRY**PRESIDENT****03/05/2013**

Electronic Signature of Signing Officer/Director Detail

Date