



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90040 007 \*\*\*\*61.25

<b>DOCUMENT # 751130</b> 1. Entity Name <b>CHELSEA BAYVIEW CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1913 S OCEAN DRIVE OFFICE HALLANDALE BEACH, FL 33009 US</b>			Mailing Address <b>C/O THE CONTINENTAL GROUP 2950 N 28 TERR HOLLYWOOD, FL 33020 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">40010620</div>  <div style="margin-top: 10px;">           01262007    Chg-NP    CR2E037 (12/06)         </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1989353</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MARS, GARY 150 WEST FLAGLER ST MIAMI, FL 33130</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.1em;">FL</div> <div style="text-align: right;">Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPILLNER, HELENE 1913 S OCEAN DRIVE #204 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SADOWSKY, JEANETTE 1913 S OCEAN DRIVE #411 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, JEFFREY 1913 S OCEAN DRIVE #102 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUMAROLA, PAUL 1913 S. OCEAN DRIVE HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>S CREECH, CLAIRE 1913 S. OCEAN DRIVE, #200 HALLANDALE BEACH, FL 33009</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPILLNER, FREDERICK 1913 S OCEAN DRIVE #204 HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, PETER 1913 S. OCEAN DRIVE HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Frederick Spillner Pres</i> 1-29-07 954-456 0061 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					