

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K81139

1. Corporation Name
CHELSEA PROPERTIES, INC.

Principal Place of Business

29656 US 19 NO
STE 100
CLEARWATER FL 33761
US

Mailing Address

29656 US 19 NO
STE 100
CLEARWATER FL 33761
US

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90230 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1989

4. FEI Number

59-2973442

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

MINIERI, CARL N.
29656 US 19 NO, STE 100
CLEARWATER FL 33761

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MINIERI, CARL N	
STREET ADDRESS	29656 US 19 NO, STE 100	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MINIERI, RICHARD	
STREET ADDRESS	29656 US 19 NO, STE 100	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MINIERI, CARL	
STREET ADDRESS	29656 US 19 NO, STE 100	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROTUNNO, DOROTHY	
STREET ADDRESS	29656 US HWY 19 N. 100	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARL A. MINIERI	
1.3 STREET ADDRESS	29656 U.S. HWY. 19 NORTH, STE. 100	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL L. GENTILE	
2.3 STREET ADDRESS	29656 U.S. HWY. 19 NORTH, STE. 100	
2.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
3.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PHILLIP ALLMAN	
3.3 STREET ADDRESS	29656 U.S. HWY. 19 NORTH, STE. 100	
3.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)