


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000005298					
1. Entity Name CHELSEA OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2212 58 AVE E BRADENTON, FL 34203			Mailing Address 2212 58 AVE E BRADENTON, FL 34203		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04172007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-0050470				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KNOWLES, TIMOTHY A 1205 MANATEE AVE W BRADENTON, FL 34205			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE DPT NAME TOKARZ, CHARLES STREET ADDRESS 2212 58 AVE E CITY-ST-ZIP BRADENTON, FL 34203	<input type="checkbox"/> Delete				
TITLE VD NAME MORSE, CAROL STREET ADDRESS 2212 58 AVE E CITY-ST-ZIP BRADENTON, FL 34203	<input type="checkbox"/> Delete				
TITLE SD NAME DEPALMA, PATRICIA STREET ADDRESS 2212 58TH AVE E CITY-ST-ZIP BRADENTON, FL 34203	<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	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SCOTT CARSON STREET ADDRESS 12513 30th ST. C.R.E. CITY-ST-ZIP PARRISH, FL. 34219					
DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DAVID MURPHY STREET ADDRESS 3914 123rd CT. E. CITY-ST-ZIP PARRISH, FL. 34219					
100103510781 05/31/07--01033--004 **61.25					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 5/1/07 Daytime Phone: 941-352-9000 x11					

FILED

07 MAY 14 PM 3:27

DEPT. OF STATE
TALLAHASSEE, FLORIDA

