2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90040 025 ****61.25

DOCUMENT # N04000011478

1. Entity Name

CHELSEA CONDOMINIUM ASSOCIATION OF VERO BEACH, INC.

Principal Place of Business	Mailing Address
4121 OCEAN DRIVE VERO BEACH FL 32963	4445 NORTH A1A SUITE 223 VERO BEACH FL 32963

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	333 17th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2L
City & State	City & State Vero Beach FL
Zip / Country	Zip / Country 32960 / USA

4. FEI Number 20-2584865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DODSON, PAUL G DODSON ENTERPRISES, INC. 4445 NORTH A1A, SUITE 223 VERO BEACH FL 32963	Name: A.R. Choice Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 333 17th Street Suite 2L City: Vero Beach FL Zip Code: 32960

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STIEFEL, MARIE C 4121 OCEAN DRIVE, #302 VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS HOLDEN, CHARLES 15 EMERSON STREET MELROSE MA 02176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RAO, HEMA 4121 OCEAN DRIVER #401 VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GHIO, WILLIAM 8 SUMMERBERRRY CIRCLE BRISTOL CT 06010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D Perkins, Polly 4121 Ocean Dr, # 402 Vero Beach, FL 32963
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marie C. Stiefel 3/18/08 772-567-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #