

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011478

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** CHELSEA CONDOMINIUM ASSOCIATION OF VERO BEACH, INC.

**Current Principal Place of Business:**

4121 OCEAN DRIVE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

333 17TH STREET  
SUITE 2L  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 20-2584865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A.R. CHOICE MANAGEMENT, INC.  
333 17TH STREET  
SUITE 2L  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STIEFEL, MARIE C  
Address: 4121 OCEAN DRIVE, #302  
City-St-Zip: VERO BEACH, FL 32963

Title: DVPS ( ) Delete  
Name: HOLDEN, CHARLES  
Address: 15 EMERSON STREET  
City-St-Zip: MELROSE, MA 02176

Title: DT ( ) Delete  
Name: RAO, HEMA  
Address: 4121 OCEAN DRIVER #401  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: GHIO, WILLIAM  
Address: 8 SUMMERBERRY CIRCLE  
City-St-Zip: BRISTOL, CT 06010

Title: D ( ) Delete  
Name: PERKINS, POLLY  
Address: 4121 OCEAN DR, #402  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIE STIEFEL

PRES

02/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date