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

FILED Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # N06000008592 CHELSEA'S RUN HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 104 NORTH CHURCH STREET 104 NORTH CHURCH STREET KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 26-1211166 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARK, BRIAN M ESQ Street Address (P.O. Box Number is Not Acceptable) 104 NORTH CHURCH STREET KISSIMMEE FL 34741 City 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 Signature, type tion conted name of legistered agent and the flanpilusete DATE (NOTE: Religistated Agent compared required when reinstating) arey a troop as as as as FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TiTLE ☐ Defete TITLE Change ☐ Addition ARNOLD, GEORGE U00000896356 04/25/08-80012-017 61,25 341 W OAK ST STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CTIY-ST-ZIP CITY- ST-ZIP ☐ Delate TITLE ☐ Change ☐ Addition BRADLEY, RICHARD NAME NAME 341 W OAK ST STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-ZIP Tille ☐ Delete TIT: F ☐ Change ☐ Addition MARK, BRIAN M NAME 104 NORTH CHURCH STREET STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-71P TiTLE ☐ Delete THEE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP THLE Delete TITLE ☐ Chailge ☐ Addition NAME STHEET AUDRESS STREET ADDRESS

sufficemental 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 serving xystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 of the corporation of if changed, or on an ddress, with all other like empowered.

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pformation supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

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12. I hereby certify that

SIGNATURE:

indicated on this rei