2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N13405

Entity Name: CHELSEA WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2885 CHELSEA PLACE NORTH
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

PO BOX 14824
CLEARWATER, FL 33766

New Mailing Address:

FEI Number: 59-2804327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARY, COOK L
2885 CHELSEA PLACE NORTH
CLEARWATER, FL 33759 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:	COOK, GARY	
Address:	2885 CHELSEA PL N	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	VPD	( ) Delete
Name:	MAIDEN, JAY C	
Address:	2821 CHELSEA PLACE S	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	VPD	( ) Delete
Name:	JACOBSEN, ALLEN	
Address:	2868 CHELSEA PL N	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	SD	( ) Delete
Name:	O'BRIEN, RONDA	
Address:	2865 CHELSEA PLACE NORTH	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	S	( ) Delete
Name:	BEFAZIO, BETH	
Address:	2845 CHELSEA PL. S.	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	T	( ) Delete
Name:	O'BRIEN, KEVIN	
Address:	2865 CHELSEA PL. N.	
City-St-Zip:	CLEARWATER, FL 33759	

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:	
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: GARY N COOK MR 04/21/2009

Electronic Signature of Signing Officer or Director — Date