


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90471 023 \*\*\*\*61.25

**60032628**



<b>DOCUMENT # N19659</b>			
1. Entity Name CHELSEA SQUARE ASSOCIATION - PHASE V, INC.			
Principal Place of Business 101 PARK PLACE BLVD. STE. 2 KISSIMMEE, FL 34741		Mailing Address 101 PARK PLACE BLVD. STE. 2 KISSIMMEE, FL 34741	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ASS. MGMT. GROUP OF CENTRAL FL INC 101 PARK PLACE BLVD. STE 2 KISSIMMEE, FL 34741		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-registering)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD QUITTSHREIBER, GARY <input type="checkbox"/> Delete 3956 TOWN CENTER BLVD #160 ORLANDO, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ST Area, Walter 101 Park Place Blvd Suite 2 Kissimmee FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHLOSSBERG, ELIZABETH <input type="checkbox"/> Delete 1823 BENTLEY BLVD. KISSIMMEE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Quittschreiber, Jo 3956 Town Center Blvd #160 Orlando FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT QUITTSSCREIBER, JO <input type="checkbox"/> Delete 3956 TOWN CENTER BLVD #160 ORLANDO, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAHN, GIL <input type="checkbox"/> Delete 2104 W TOWER CT KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD QUITTSCHEIBER, JON <input type="checkbox"/> Delete 3187 W VINE ST KISSIMMEE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.			
<b>SIGNATURE:</b> <u>Walter Duan Sec. / Treas.</u>		Date: <u>4/27/06</u> Phone: <u>407-847-9950</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	