2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 10, 2005 8:00 am Secretary of State

DOCUMENT # N22385 1. Entity Name CHELSEA WOODS PHASE II HOMEOWNERS ASSOCIATION, INC.								03-10-2005	5 90128 00	5 ****61	.25
Principal Place of Business P 0 B0X 283 SAFETY HARBOR, FL 34695 Mailing Address P 0 B0X 283 SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695							1 (55)(151 619	MBPE (IGER III-) INI		rii B'1841 B 1861 B18	1941 8 4 18 4 2
2. Principal Place of Business 3.			. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02172005	Chg-NP	CR2E0	37 (10/03)	
City & State		Cit	City & State			50 0000507			pplied For ot Applicable		
Zip	Country	Zip)	Соц	untry		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Cu	rrent Registere	d Agent		<u> </u>		7. Name and	Address of New	w Registered	Agent	
KATZEN,	JOYCE M. Soft				Name			•			
2817 CHA	NCERY LANE ATER, FL 33759				Street Ad	ddress (P	O. Box Numbe	er is Not Accepta	abie)		
					City				FL	Zip Cod	ie .
	named entity submits this staten tions of registered agent.	nent for the purp	ose of changing its	register	ed office or	registere	d agent, or bot	h, in the State of	f Florida. I am	familiar with,	, and accept
SIGNATURE			· · · · · · · · · · · · · · · · · · ·								
4	Signature, typed or printed name of registers	ed agent and title if app	licable. (NOTE	: Registere	id Agent signatui	w beriuper eru	rhen reinstating)		DATE	•	
	Filling Fee is \$61.25 Due by May 1, 2005	ad agent and title If app	9. Election Cam Trust Fund C	npaign F	inancing	_ ;	\$5.00 May B Added to Fees	e /,	DATE Make chec Torida Depai		
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I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 within an address, with all other like empowered.

SIGNATURE: