
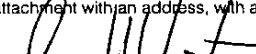


FILED
Mar 10, 2005 8:00 am
Secretary of State

DOCUMENT # N22385					
1. Entity Name CHELSEA WOODS PHASE II HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 283 SAFETY HARBOR, FL 34695			Mailing Address P O BOX 283 SAFETY HARBOR, FL 34695		
2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address Suite, Apt. #, etc. City & State		
Zip		Country		Zip Country	
6. Name and Address of Current Registered Agent					Name
KATZEN, JOYCE M 2817 CHANCERY LANE CLEARWATER, FL 33759					Street Address
					City
					8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS				11.	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	KATZEN, JOYCE		NAME		
STREET ADDRESS	2817 CHANCERY LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	HAZLITT, CATHY		NAME		
STREET ADDRESS	2818 CHANCERY LN		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 3375		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	HAMKUTIS, BETTY		NAME		
STREET ADDRESS	2874 CHANEERY LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	RAHMAN, GIGI		NAME		
STREET ADDRESS	2801 CHANCY LN		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Joyce M Katzen <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					