

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 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**



02132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2883567

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KATZEN, JOYCE M
2817 CHANCERY LANE
CLEARWATER, FL 33759**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATZEN, JOYCE 2817 CHANCERY LANE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULTZ, DUANE 2805 CHANERY LANE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAZLITT, CATHY 2818 CHANERY LANE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAHURAN, OIGI 2801 CHANCERY LN CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/07-80023-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Joyce Katzen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07

Date

727-712-2581

Daytime Phone #