2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jun 01, 2005 8:00 am DOCUMENT # N28999 **Secretary of State** 1. Entity Name 06-01-2005 90016 016 ****61.25 CHELSEAWOODS PROPERTY OWNERS ASSOCIATION. Mailing Address Principal Place of Business 2928 CHELSEA WOODS DR. VALRICO FL 33594 2928 CHELSEA WOODS DR. VALRICO FL 33594 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-2957657 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISABEL, BETH Street Address (P.O. Box Number is Not Acceptable) 2928 CHELSEA WOODS DR. VALRICO FL 33594 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 obligation of registered agent. SIGNATURE le if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition PD Mike Defaul 2930 Chelsea Woods Dr. Vairico, FZ 335914 ☐ Change TITLE Delete TITLE TURK, STEVE NAME NAME 2941 CHELSA WOODS DRIVE STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-SI-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE kim Nuzum 2940 Cheisea Woods Dr. Valrico, FC 33594 SPOONER, JOE NAME 2927 CHELSEA WOOD DRIVE STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-7tP CITY-ST-ZIP ST ☐ Change ☐ Addition TITLE ☐ Detete TITLE ISABEL, BETH F NAME NAME 2928 CHELSEA WOODS DR. STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Change **Addition** Delete TITLE Melody Gliksman 2915 Chelsea Woods Iv. DOSS, MICHELLE NAME NAME 2913 CHELSA WOODS DR STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE 💢 Delete TITLE BATTEN, SCOTT NAMÉ NAME 2931 CHELSA WOODS DR STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #