

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90212 032 ****61.25

DOCUMENT # N28999 1. Entity Name CHELSEAWOODS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2928 CHELSEA WOODS DR. VALRICO FL 33594 US			Mailing Address 2928 CHELSEA WOODS DR. VALRICO FL 33594 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2957657				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISABEL BETH 2928 CHELSEA WOODS DR. VALRICO FL 33594			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ Signature, typed or printed name of registered agent and use if applicable. (NOTE: Any elected Agent signature required when re-electing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to: Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DEPAUL, MIKE 2930 CHELSEA WOODS DRIVE VALRICO FL 33594	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Scott Batten, P 2931 Chelsea Woods Dr. Valrico, FL 33596	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V COLLINS, MARTHA 2924 CHELSEA WOODS DR. VALRICO FL 33594	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Donald I. Schrenker 2923 Chelsea Woods Dr. Valrico, FL 33596	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST ISABEL, BETH F 2928 CHELSEA WOODS DR. VALRICO FL 33594	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST Pamela H. Schrenker 2923 Chelsea Woods Dr. Valrico, FL 33596	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GLIKSMAN, MELODY 2915 CHELSEA WOODS DRIVE VALRICO FL 33594	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Mike De Paul, D 2930 Chelsea Woods Dr. Valrico, FL 33596	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SPOONER, JOE 2927 CHELSEA WOODS DRIVE VALRICO FL 33594	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Beth Isabel, D 2928 Chelsea Woods Dr. Valrico, FL 33596	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Scott Isabel, D 2928 Chelsea Woods Dr. Valrico, FL 33596	☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Pamela H. Schrenker</i>			4-4-08 (813) 477-1267		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		