

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N35518

1. Entity Name
CHELSEA PLACE OF SANIBEL RESIDENTIAL
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1715 MIDDLE GULF DR
SANIBEL, FL 33957 US

Mailing Address
P O BOX 100
SANIBEL, FL 33957 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0237857

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACKESY, STEVEN
711 TARPON BAY ROAD
SANIBEL, FL 33957

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
ZUEHLKE, GUS, A
1715 MIDDLE GULF DR
SANIBEL, FL ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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TITLE
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JENKINS, PAUL
1715 MIDDLE GULF DR
SANIBEL, FL ☐ Delete

TITLE
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VEMAGE, CHERYL
1715 MIDDLE GULF DR
SANIBEL, FL 33957 ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
08 MAY 12 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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05/15/08--01026--018 **61.25

Paul Jenkins

4/2/08

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