


**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90013 008 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # N36681**

1. Entity Name  
 CHELSEA PLACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business      Mailing Address

C/O WILLIAM COOGAN      C/O WILLIAM COOGAN  
 P.O. BOX 3625      P.O. BOX 3625  
 HOLIDAY, FL 34692 US      HOLIDAY, FL 34692 US

66002308



01092008 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3011617      Not Applicable

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

6. Name and Address of Current Registered Agent

COOGAN, WILLIAM  
 1430 DAVENPORT DRIVE  
 NEW PORT RICHEY, FL 34855

**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: William Coogan President      DATE: 1-23-08

Signature typed or printed (type of registered agent and title if applicable).      (NOTE: Registered Agent signature required when necessary)      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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO COOGAN, WILLIAM 1430 DAVENPORT DRIVE NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEYER, GARY P.O. BOX 3625 HOLIDAY, FL 34692
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSTAKIS KOSTAKIS, ROSE P.O. BOX 3625 HOLIDAY, FL 34692
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAWKINS, HOLLY P.O. BOX 3625 N/A HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDLANDO FEDLANDO, ARMANDO P.O. BOX 3625 HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWER, RICHARD P.O. BOX 3625 HOLIDAY, FL 34690

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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: William Coogan      Date: 3-3-08      Daytime Phone #: 727-372-7792

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #