

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2009**  
**Secretary of State**

DOCUMENT# N36681

Entity Name: CHELSEA PLACE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1430 DAVENPORT DRIVE  
NEW PORT RICHEY, FL 36554 US

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3011617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOGAN, WILLIAM  
1430 DAVENPORT DRIVE  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COOGAN, WILLIAM  
Address: 1430 DAVENPORT DRIVE  
City-St-Zip: NEW PORT RICHEY, FL

Title: D ( ) Delete  
Name: WEYER, GARY  
Address: P.O. BOX 3625  
City-St-Zip: HOLIDAY, FL 34692

Title: D ( ) Delete  
Name: KOTIERS, ROSE  
Address: P.O. BOX 3625  
City-St-Zip: HOLIDAY, FL 34692

Title: DS ( ) Delete  
Name: HAWKINS, HOLLY  
Address: P/O/ BOX 3625 N/A  
City-St-Zip: HOLIDAY, FL 34690

Title: D ( ) Delete  
Name: FORLAND, ARMANDO  
Address: P.O. BOX 3625  
City-St-Zip: HOLIDAY, FL 34690

Title: D ( ) Delete  
Name: POWER, RICHARD  
Address: P.O. BOX 3625  
City-St-Zip: HOLIDAY, FL 34690

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: WEYER, GARY  
Address: P.O. BOX 3625  
City-St-Zip: HOLIDAY, FL 34692

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD POWER

TREA

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date