

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36681

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** CHELSEA PLACE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1430 DAVENPORT DRIVE  
NEW PORT RICHEY, FL 36554 US

**New Principal Place of Business:**

**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  
Name: COOGAN, WILLIAM  
Address: 1430 DAVENPORT DRIVE  
City-St-Zip: NEW PORT RICHEY, FL

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

Title: D  
Name: WATTONVILLE, GEORGE  
Address: P.O. BOX 3625  
City-St-Zip: HOLIDAY, FL 34692

Title: D  
Name: HAWKINS, HOLLY  
Address: P.O. BOX 3625  
City-St-Zip: HOLIDAY, FL 34692

Title: D  
Name: FORLAND, ARMANDO  
Address: P.O. BOX 3625  
City-St-Zip: HOLIDAY, FL 34692

Title: D  
Name: ROBERTS, PAUL  
Address: P.O. BOX 3625  
City-St-Zip: HOLIDAY, FL 34692

I hereby 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 all other like empowered.

SIGNATURE: HOLLY HAWKINS

D

04/08/2010

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

\_\_\_\_\_  
Date