


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90045 015 ****61.25


DOCUMENT # N38817
 1. Entity Name
CHELMSFORD CLOSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **5037 RINGWOOD MEADOW SARASOTA FL 34235** *change*
 Mailing Address: **5037 RINGWOOD MEADOW SARASOTA FL 34235** *change*

2. Principal Place of Business: **2004 Long Meadow**
 Suite, Apt. #, etc.
 3. Mailing Address: **2004 Long Meadow**
 Suite, Apt. #, etc.

City & State: **SARASOTA**
 Zip: **34235** Country: **USA**
 City & State: **SARASOTA**
 Zip: **34235** Country: **USA**


 1st MOORE CR2E037 (10/04)
 4. FEI Number: **65-0202908** Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STOKES, REBECCA
3053 51ST STREET
SARASOTA FL 34234

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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: TD NAME: ART KAULMAN STREET ADDRESS: 3406 E CHELMSFORD CLOSE CITY-ST-ZIP: SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE: VPD NAME: KOVACIC, TED STREET ADDRESS: 3430 E. CHELMS FORD CLOSE CITY-ST-ZIP: SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE: PD NAME: GOLE, KEITH STREET ADDRESS: 3920 W CHELMSFORD CLOSE CITY-ST-ZIP: SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE: ED NAME: YOUNG, NORMAN STREET ADDRESS: 3376 E. CHELMSFORD CLOSE CITY-ST-ZIP: SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE: D NAME: HITCHCOCK, TOM STREET ADDRESS: 3422 W. CHELMSFORD CLOSE CITY-ST-ZIP: SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: FRANK CAIATI STREET ADDRESS: 3442 E CHELMSFORD CLOSE CITY-ST-ZIP: SARASOTA, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PAT NAIRN STREET ADDRESS: 3416 E CHELMSFORD CITY-ST-ZIP: SARASOTA, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D-VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frank Caiati* **8 March 05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #