

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90037 037 ****61.25



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

Principal Place of Business Mailing Address
2004 LONGMEADOW SARASOTA FL 34235 **2004 LONGMEADOW SARASOTA FL 34235**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **65-0202908** Applied For
 No: Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/07)

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 reappointing) DATE _____

FILE NOW: 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	SD DIONNE, DENNIS	<input type="checkbox"/> Delete
STREET ADDRESS	3309 W CHELMSFORD CLOSE SARASOTA FL 34235	
TITLE NAME	P KOVACIC, TED	<input type="checkbox"/> Delete
STREET ADDRESS	3430 E. CHELMS FORD CLOSE SARASOTA FL 34235	
TITLE NAME	TD NAIRN, PAT	<input type="checkbox"/> Delete
STREET ADDRESS	3416 CHELMSFORD SARASOTA FL 34235	
TITLE NAME	DV YOUNG, NORMAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3422 W. CHELMSFORD CLOSE SARASOTA FL 34235 *	
TITLE NAME	D MATRANGA, HENRY	<input type="checkbox"/> Delete
STREET ADDRESS	3403 E CHELMSFORD CLOSE SARASOTA FL 34235	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		

TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME	T/D Hitchcock, Tom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3422 W. Chelmsford Close Sarasota, FL 34235	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Tom Hitchcock*

Tom Hitchcock, Treasurer 391/355-4880