2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N41980

Entity Name: CHELSEA RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3050965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: GORZKA, JIM
Address: 917 RIDGESIDE CT
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete
Name: HENESY, SUE
Address: 914 RIDGE SPRING CT
City-St-Zip: APOPKA, FL 32712

Title: VPD ( ) Delete
Name: RIDINGER, CRAIG
Address: 2404 RIDGESIDE ROAD
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: PHILLIPS, TINA
Address: 926 RIDGE SPRING COURT
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete
Name: ROSE, JEAN H
Address: 2433 RIDGESIDE RD
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition
Name: QUALLS, LARRY
Address: 929 RIDGESIDE CT
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition
Name: DIXON, SHEILA
Address: 2422 RIDGE SPRING RD
City-St-Zip: APOPKA, FL 32712

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: JIM GORZKA PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date