

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49520

FILED
Mar 21, 2007
Secretary of State

Entity Name: CHELSEA COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12360 FISHERMANS WHARF CT
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

12360 FISHERMANS WHARF CT
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 59-3131119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, HOWARD J
12443 SAN JOSE BLVD, SUITE 1004
JACKSONVILLE, FL 32223 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: BM () Delete
Name: PARKER, BOB
Address: 2793CHELSEA COVE DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: BM () Delete
Name: WOODRING, SUSAN
Address: 2792 CHELSEA COVE DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: KAPLAN, MARIA
Address: 12360 FISHERMANS WHARF CT
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: P () Delete
Name: BURNS, MARIE
Address: 2776 CHELSEA COVE DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP () Delete
Name: PAUL, HEEGS
Address: 2784 CHELSEA COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/S (X) Change () Addition
Name: WOODRING, SUSAN
Address: 2792 CHELSEA COVE DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: T (X) Change () Addition
Name: KAPLAN, MARIA
Address: 12360 FISHERMANS WHARF CT
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: BM (X) Change () Addition
Name: BURNS, MARIE
Address: 2776 CHELSEA COVE DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: P (X) Change () Addition
Name: PAUL, HEEGS
Address: 2784 CHELSEA COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA L. KAPLAN

T

03/21/2007

Electronic Signature of Signing Officer or Director

Date