

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002519

FILED
Mar 16, 2005
Secretary of State

Entity Name: CHELSEA PLACE OF SEMINOLE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3332773

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 W SR 434 STE 5000
LONGWOOD, FL 32779 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: VPD () Delete
Name: SAUNDERS, WINSTON
Address: 847 LEWIS PL
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: MAZNICKI, MARK
Address: 1871 REX CT
City-St-Zip: LONGWOOD, FL 32750

Title: TD () Delete
Name: GOEBEL, DENNIS
Address: 1812 MARLEY PL
City-St-Zip: LONGWOOD, FL 32750

Title: PD () Delete
Name: SELENICA, VICTOR
Address: 850 LEWIS PL
City-St-Zip: LONGWOOD, FL 32750

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MAZNICKI, MARK
Address: 1871 REX CT
City-St-Zip: LONGWOOD, FL 32750

Title: SD (X) Change () Addition
Name: MCKENNA, MICHAEL
Address: 816 NORMAN CT
City-St-Zip: LONGWOOD, FL 32750

Title: TD (X) Change () Addition
Name: ALEMAN, ANGEL
Address: 804 NORMAN CT
City-St-Zip: LONGWOOD, FL 32750

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

Title: D () Change (X) Addition
Name: BANTON, DIANA
Address: 834 NORMAN CT
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTOR SELINICA

PD

03/16/2005

Electronic Signature of Signing Officer or Director

Date