

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002987 (5)**

1. Corporation Name

THE CHELSEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 735 COLLINS AVE MIAMI BEACH FL 33139	Mailing Address 735 COLLINS AVE MIAMI BEACH FL 33139-6215
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2. Principal Place of Business 21 540 15th Street Suite, Apt. #, etc. 22 #201 City & State 23 Miami Beach, FL Zip 24 33139 Country 25 Dade	2a. Mailing Address 26 540 15th Street Suite, Apt. #, etc. 27 #201 City & State 28 Miami Beach, FL Zip 29 33139 Country 30 Dade
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3. Date Incorporated or Qualified 06/13/1994	3a. Date of Last Report 02/26/1996
4. FEI Number 65-0547404	Applied For Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SALAND, ROBERT F 735 COLLINS AVE MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent 81 Name Anthony Rimore 82 Street Address (P.O. Box Number is Not Acceptable) 540 15th Street #201 83 84 City Miami Beach FL 85 Zip Code 33139
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Anthony Rimore* **Anthony Rimore** **03/10/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SALAND, ROBERT F		1.2 NAME Rimore, Anthony	
STREET ADDRESS 735 COLLINS AVE		1.3 STREET ADDRESS 540 15th Street #201	
CITY-ST-ZIP MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP Miami Beach, FL 33139	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SALAND, DEBRA		2.2 NAME Von Buren, Sari	
STREET ADDRESS 735 COLLINS AVE		2.3 STREET ADDRESS 550 15th Street #203	
CITY-ST-ZIP MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP Miami Beach, FL 33139	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MESA, NANCY		3.2 NAME Ramos, Michael	
STREET ADDRESS 735 COLLINS AVE		3.3 STREET ADDRESS 540 15th Street #101	
CITY-ST-ZIP MIAMI BEACH FL 33139		3.4 CITY-ST-ZIP Miami Beach, FL 33139	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony Rimore* **Anthony Rimore** **03/10/97** **305/372 1812**
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027504

CR2E037 (9/96)