

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90041 021 ****70.00

DOCUMENT # N94000002987

1. Corporation Name

THE CHELSEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

540 15TH STREET
201
MIAMI BEACH FL 33139
US

Mailing Address

540 15TH STREET
201
MIAMI BEACH FL 33139
US



2. Principal Place of Business

21 **540 15TH STREET**

2a. Mailing Address

26 **PO BOX 190892**

Suite, Apt. #, etc.

22 **# 101**

Suite, Apt. #, etc.

27

City & State

23 **MIAMI BEACH FL**

City & State

28 **MIAMI BEACH, FL**

Zip

24 **33139**

Country

25 **USA**

Zip

29 **33119**

Country

30 **USA**

3. Date Incorporated or Qualified

06/13/1994

4. FEI Number

65-0547404

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution

9. Name and Address of Current Registered Agent

RIMORE, ANTHONY
540 15TH STREET
201
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name **J. MICHAEL RAMOS**
82 Street Address (P.O. Box Number is Not Acceptable)
540 15TH ST
83 **# 101**
84 City **MIAMI BEACH** FL 85 Zip Code **33139**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIMORE, ANTHONY	
STREET ADDRESS	540 15TH STREET, #201	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VON BUREN, SARI	
STREET ADDRESS	550 15TH STREET, #203	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RAMOS, MICHAEL	
STREET ADDRESS	540 15TH STREET, #101	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAMOS, J. MICHAEL	
1.3 STREET ADDRESS	540 15TH ST. #101	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MEDINA, KAREN	
2.3 STREET ADDRESS	540 15TH ST. #201	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POCITI, MARTIN	
3.3 STREET ADDRESS	550 15TH ST. #104	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

Anthony Rimore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99
Date

305.379.8888
Daytime Phone #

CR2E037 (11/98)