2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006349

FILED Apr 03, 2008 Secretary of State

Entity Name: CHELSEA PARK RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P. O. BOX 895314 LEESBURG, FL 34788 **Current Mailing Address: New Mailing Address:** CHELSEA PARK ASSOCIATION P.O. BOX 895314 LEESBURG, FL 34789 FEI Number: 59-3417823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALTRUSCH, FRED 33325 KAYLEE WAY LEESBURG, FL 34788 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES PRES** () Delete (X) Change () Addition BALTRUSCH, FRED Name: JONES, JOHN Name: 33325 KAYLEE WAY Address: 10311 PATRICK DRIVE Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: LEESBURG, FL 34788 Title: Title: () Delete (X) Change () Addition JONES, JOHN Name: HAGAN, JOE Name: Address: 10311 PATRICK DRIVE Address: 10315 PATRICK DRIVE City-St-Zip: LEESBURG, FL 34788 City-St-Zip: LEESBURG, FL 34788 Title: SEC () Delete Title: () Change () Addition LEE, DEBI Name: Name: Address: 33242 KAYLEE WAY Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: TREA () Delete Title: () Change () Addition Name: HANSON, LINDA Name: Address: 33143 KAYLEE WAY Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: MEM () Delete Title: () Change () Addition KIMPEL, LINDA Name: Name: 10343 PATRICK DRIVE Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: MEM () Delete Title: () Change () Addition SNOW, JEAN Name: Name: Address: 10245 PATRICK DRIVE Address: LEESBURG, FL 34788 City-St-Zip: 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: LINDA HANSON TREA 04/03/2008