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95 JUN 26 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004790

1. Corporation Name
CHELSEA WOODS OF TUSCAWILLA H.O.A., INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **9-20-93** 3a. Date of Last Report **4-10-94**
4. FEI Number **59-3239940** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **711 CANADICE LANE** 26 **711 CANADICE LANE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **WINTER SPRINGS, FL** 28 **WINTER SPRINGS, FL**
Zip Country Zip Country
24 **32708** 25 **USA** 29 **32708** 30 **USA**

5. Certificate of Status Desired **\$6.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KEVIN PERRY OR JERRY ALKIRE
685 LAMOKA CT
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
81 Name **MICHAEL S. BLAKE, SR.**
82 Street Address (P.O. Box Number is Not Acceptable) **711 CANADICE LANE**
83 **CCP950000172**
-06/27/95--01118--003
84 City **WINTER SPRINGS** ***130.FL *** Fee \$75.00
32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Michael S. Blake* **TREAS** DATE: _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	TERRY BACK - D
STREET ADDRESS		1.3 STREET ADDRESS	1796 SENECA BLVD
CITY - ST - ZIP		1.4 CITY - ST - ZIP	WINTER SPRINGS, FL 32708
TITLE		2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	THOMAS O'CONNELL - D
STREET ADDRESS		2.3 STREET ADDRESS	1718 SENECA BLVD
CITY - ST - ZIP		2.4 CITY - ST - ZIP	WINTER SPRINGS FL 32708
TITLE		3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	MICHAEL S. BLAKE - D
STREET ADDRESS		3.3 STREET ADDRESS	711 CANADICE LN
CITY - ST - ZIP		3.4 CITY - ST - ZIP	WINTER SPRINGS FL 32708
TITLE		4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ADELE PORZIO - D
STREET ADDRESS		4.3 STREET ADDRESS	1723 SENECA BLVD
CITY - ST - ZIP		4.4 CITY - ST - ZIP	WINTER SPRINGS FL 32708
TITLE		5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JAMES MATHEWS - D
STREET ADDRESS		5.3 STREET ADDRESS	1826 SENECA BLVD
CITY - ST - ZIP		5.4 CITY - ST - ZIP	WINTER SPRINGS, FL 32708
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Michael S. Blake* **TREAS** **MICHAEL S. BLAKE** **4/26/95** **407-365-7051**
Signature and typed or printed name of signing officer or director Date Daytime Phone #