

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90105 034 \*\*\*\*61.25

**DOCUMENT # N93000004790**

1. Entity Name

**CHELSEA WOODS OF TUSCAWILLA HOMEOWNERS ASSOCIATI**

Principal Place of Business

Mailing Address

711 CANADICE LANE  
 WINTER SPRINGS FL 32708  
 US

711 CANADICE LANE  
 WINTER SPRINGS FL 32708-5520  
 US

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 620433**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**OVIEDO, FL**

4. FEI Number

**59-3239940**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32762**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAKE, MICHAEL S., SR.**  
**711 CANADICE LANE**  
**WINTER SPRINGS FL 32708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

**2-28-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD**  Delete  
 NAME: **MATHEWS, JAMES P.**  
 STREET ADDRESS: **1824 SENECA BLVD**  
 CITY-ST-ZIP: **WINTER SPRINGS FL**

TITLE: **P D**  Change  Addition  
 NAME: **MICHAEL F. PILLOW**  
 STREET ADDRESS: **714 CANADICE LANE**  
 CITY-ST-ZIP: **WINTER SPRINGS, FL 32708**

TITLE: **VP**  Delete  
 NAME: **WARNER, MELVIN**  
 STREET ADDRESS: **673 KEUKA COURT**  
 CITY-ST-ZIP: **WINTER SPRINGS FL**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: **TD**  Delete  
 NAME: **BLAKE, MICHAEL S**  
 STREET ADDRESS: **711 CANADICE LANE**  
 CITY-ST-ZIP: **WINTER SPRINGS FL 32708**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: **SD**  Delete  
 NAME: **PORZIO, ADELE**  
 STREET ADDRESS: **1723 SENECA BLVD.**  
 CITY-ST-ZIP: **WINTER SPRINGS FL 32708**

TITLE: **SD**  Change  Addition  
 NAME: **KURT MIERIOKE**  
 STREET ADDRESS: **1820 SENECA BLVD**  
 CITY-ST-ZIP: **WINTER SPRINGS, FL 32708**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**W. S. BLAKE, SR. REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-00**

Date

**407-566-4177**

Daytime Phone #

CR2E037 (9/99)