

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000004790

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: CHELSEA WOODS OF TUSCAWILLA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

714 CANADICE LN  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

661 SARANAC  
WINTER SPRINGS, FL 32708 US

**Current Mailing Address:**

PO BOX 620433  
OVIEDO, FL 32762 US

**New Mailing Address:**

FEI Number: 59-3239940      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HORNBERGER, VIRGINIA  
1782 SENECA BLVD  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: PILLOW, MICHAEL F  
Address: 714 CANADICE LANE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: COLEMAN, JAMES  
Address: 676 KEUKA COURT  
City-St-Zip: WINTER SPRINGS, FL

Title: TD ( ) Delete  
Name: HORNBERGER, VIRGINIA L  
Address: 1782 SENECA BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SD ( ) Delete  
Name: MIERICKE, KURT  
Address: 1820 SENECA BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BENNETT, GARY  
Address: 661 SARANAC DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIRGINIA L HORNBERGER

TD

04/30/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date