

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 04, 2004
Secretary of State**

DOCUMENT# N93000004790

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

Current Principal Place of Business:

661 SARANAC
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

1820 SENECA BOULEVARD
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 (X)

Name and Address of Current Registered Agent:

NIELSEN, STEVEN A
1796 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: BENNETT, GARY
Address: 661 SARANAC DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: MCCLAIN, JAMES
Address: 1747 SENECA BLVD.
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TD () Delete
Name: NIELSEN, STEVEN A
Address: 1796 SENECA BLVD
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SD () Delete
Name: FINNEGAN, LISA
Address: 1720 SENECA BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIERICKE, KURT
Address: 1820 SENECA BOULEVARD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Change () Addition
Name: KLEIN, NANCY
Address: 1817 SENECA BOULEVARD
City-St-Zip: WINTER SPRINGS, FL 32708 US

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

Title: SD (X) Change () Addition
Name: SMITH, GREG
Address: 1720 SENECA BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

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: STEVEN A. NIELSEN

TD

08/04/2004

Electronic Signature of Signing Officer or Director

_____ Date