2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004790

City-St-Zip:

WINTER SPRINGS, FL 32708

FILED Jun 11, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1820 SENECA BOULEVARD WINTER SPRINGS, FL 32708 US **Current Mailing Address: New Mailing Address:** PO BOX 620433 OVIEDO, FL 32762 US FEI Number: 59-3239940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NIELSEN, STEVEN A BEVERIDGE, SUSAN M 1796 SENECA BLVD 1834 SENECA BLVD WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 US 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: SUSAN M BEVERIDGE 06/11/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MIERICKE, KURT Name: Name: 1820 SENECA BOULEVARD Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: Title: VΡ () Delete (X) Change () Addition Name: KLEIN, NANCY Name: SMITH, GREG Address: 1817 SENECA BOULEVARD Address: 669 SERANAC DRIVE City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: WINTER SPRINGS, FL 32708 US Title: () Delete Title: (X) Change () Addition NIELSEN, STEVEN A BEVERIDGE, SUSAN M Name: Name: Address: 1796 SENECA BLVD Address: 1834 SENECA BLVD City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: WINTER SPRINGS, FL 32708 US Title: SD () Delete Title: SD (X) Change () Addition Name: SMITH, GREG Name: STANFORD, PAT Address: 1720 SENECA BLVD Address: 1770 SENECA BLVD

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.

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SIGNATURE: SUSAN M BEVERIDGE TD 06/11/2005