

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **N93000004790**

03 OCT 14 PM 12:15

1. Corporation Name

CHELSEA WOODS OF TUSCAWILLA HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

661 SARANAC
 WINTER SPRINGS FL 32708
 US

PO BOX 620433
 OVIEDO FL 32762
 US

AR



100023781201
 10/14/03--01056--028 **245.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
 --To Do Business in Florida

10/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3239940

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BENNETT, GARY	661 SARANAC DR	WINTER SPRINGS FL 32708
VP	GOLEMAN, JAMES MCCLAIN, JAMES	676 KEUKA COURT 1747 SENECA BLVD	WINTER SPRINGS FL 32708
TD	HORNBERGER, VIRGINIA-L NIELSEN, STEVEN	1792 SENECA BLVD 1796 SENECA BLVD	WINTER SPRINGS FL 32708
SD	MERICKE, KURT FINNEGAN, LISA	1820 SENECA BLVD 1720 SENECA BLVD	WINTER SPRINGS FL 32708

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HORNBERGER, VIRGINIA
 1782 SENECA BLVD
 WINTER SPRINGS FL 32708

Name **Steven A Nielsen**
 Street Address (P.O. Box Number is Not Acceptable) **1796 Seneca Boulevard**
 Suite, Apt. #, Etc.
 City **Winter Springs** State **FL** Zip Code **32708**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Signature of Steven A Nielsen

Date

10/8/03

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of Steven A Nielsen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

CRF0040 (7/03)