

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004790

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC074433325**

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

**Current Principal Place of Business:**

401 WEST COLONIAL DRIVE  
SUITE 801  
ORLANDO, FL 32804

**Current Mailing Address:**

PO BOX 620433  
OVIEDO, FL 32762 US

**FEI Number: 59-3239940**

**Certificate of Status Desired: No**

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

YOUNG, NORBERT N  
401 WEST COLONIAL DRIVE  
SUITE 801  
ORLANDO, FL 32804 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: NORBERT N YOUNG**

**02/17/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GARONE, CHARLES  
Address PO BOX 620433  
City-State-Zip: OVIEDO FL 32765

Title VC  
Name WAGUESPACK, CHRIS  
Address 676 LAMOKA CT.  
City-State-Zip: WINTER SPRINGS FL 32708

Title TD  
Name YOUNG, NORBERT N  
Address PO BOX 620433  
City-State-Zip: OVIEDO FL 32762

Title SD  
Name GIBBONS, MATT  
Address 670 OLEAN CT  
City-State-Zip: WINTER SPRINGS FL 32708

*I hereby 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 all other like empowered.*

**SIGNATURE: NORBERT N YOUNG**

**TD**

**02/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date