

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001250

FILED
Apr 28, 2008
Secretary of State

Entity Name: CHELSEA PARC AT TUSCAWILLA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1750 W. BROADWAY STREET #118
OVIEDO, FL 32765 US

New Principal Place of Business:

225 S WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

1750 W. BROADWAY STREET #118
OVIEDO, FL 32765 US

New Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

FEI Number: 59-3177247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, KEVIN
1750 W. BROADWAY ST. #118
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

WOMACK, ELLEN R
225 S WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R WOMACK

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MILLER, MARGIE
Address: 1500 BRAEWICK ST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: GLEESON, SANDI
Address: 1519 FOX GLEN DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DT () Delete
Name: TENERIA, CATHERINE
Address: 1488 CREEKSIDE CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: HARPER, TIM
Address: 1459 CREEKSIDE CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PD () Delete
Name: JOHNSON, JOHN
Address: 1618 FOX GLEN CT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SCARBOROUGH, MITCH
Address: 1719 FOX GLEN CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DV (X) Change () Addition
Name: TEIXEIRA, CATHERINE
Address: 1488 CREEKSIDE CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DS (X) Change () Addition
Name: HARPER, TIM
Address: 1459 CREEKSIDE CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN JOHNSON

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date