## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

N93000004132 (7)

## TUCKAWAY LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address							1 10011101 210 10190 11111 WENT WENT			
4125 SOUTH FISKE BLVD. ROCKLEDGE FL 32955			4125 SOUTH FISKE BLVD. ROCKLEDGE FL 32955							
							3. Date Incorporated or Qualified 09/07/1993	1	ate of Last F 04/26/19	
2. Principal P	lace of Business	2a. Mailing Addr	ress			-	4. FEI Number		A	pplied For
21		26					59-3204287		<u>_</u>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.				5. Certificate of Status Desired	Ø		Additional Required
City & Stat	le	City & State					Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip		Country	/		This corporation has liability for Florida Statutes	intangible t ☐ Yes ₩		199.032,
24	25 29 30			<u> </u>						
	9. Name and Address of Cur	rent Hegistered Agent		81	Na	me	10. Name and Address of New	negistered	Agont	
	R, JOHN F		82 Street Ad			eet Addri	ess (P.O. Box Number is Not Accepta	ble)		
	OUTH FISKE BLVD.		83							
HOUKLE	EDGE FL 32955			84	Cit	<del></del>		FL	<b>85</b> Zip	Code
44 D	to the eventaines of Costions 617.0	502 and 617 1508 Florid	da Statutas th	ne above-	name	d corpor	ation submits this statement for the pu	irrose of ch	anning its re	egistered office
or registe	ered agent, or both, in the State of F	lorida. Such change was	authorized by	y the corp	ooratio	n's boar	rd of directors. I hereby accept the app	pointment a	s registered	agent. I am
familiar w	vith, and accept the obligations of, S	Section 617.0503, Florida	Statutes.							
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Po	eg-stered Age	ent signa	ture required	d when reinstating)	DATE		
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES 10 OF	FICERS AN		
TITLE	PD	DE	LETE	1.1 TITLE					Change	Addition Addition
NAME	TUCKER, JOHN F.			1.2 NAME						
STREET ADDRESS	AAAA AAAA AAAAA AAAAA AAAAA			1.3 STREE	T ADDR	ESS				
CITY-ST-ZIP	ROCKLEDGE FL			1.4 CiTY-1					<u> </u>	- Addition
TITLE	[ VD	DE	LETE	21 TITLE					Change	■ Addition
NAME	TUCKER, GILBERT A			22 NAME						
STREET ADDRESS	1110 0001111110110			2.3 STREE						
CITY-ST-ZIP	ROCKLEDGE FL	E-3 nc	V ETC	2. 4 CITY-		_			☐ Change	Addition
TITLE	SD	□ D£	reie	3.1 TITLE						
NAME	TUCKER, ROBERT A			3.2 NAME						
STREET ADDRESS				3.3 STREE		- 1				
CITY-ST-ZIP	ROCKLEDGE FL	DDE	I FTF	3 4. CITY- 4.1 TITLE		<del> </del> -			Change	Addition
TITLE NAME		100		4 2 NAME					-	
NAME STREET ADDRESS				43 STREE		ESS				
CITY-ST-ZIP	<u> </u>			4.4 CITY-						
TITLE		DDE	LETE	5.1 TITLE					☐ Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS	5			5.3 STREE	ET ADDF	ESS				
CITY-ST-ZIP				5.4 CITY -	ST-ZIP					The second
TITLE		DE	LETE	6.1 TITLE					☐ Change	☐ Addition
NAME				6.2 NAME	Ε					
STREET ADDRESS	s			63 STREE		- 1				
CITY-ST-ZIP				64 CHY-	- ST - ZIP	1	for the exemption stated in Postice 11	0.07/2\/L\ E	Iorida Statu	tae I further
certify th		annual report or supplem orgonation or the receiver	nental annual ! r or trustee en	report is ti npowered			for the exemption stated in Section 11 ate and that my signature shall have th iis report as required by Chapter 617,			

SIGNATURE:

SOUTH F. TUCK JOHN

JOHN F. TUCKER

3/20/96

407-636-4665

Daytime Phone #

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