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FILED
May 30, 2001 8:00 am
Secretary of State

05-02-2001 90086 050 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004132

1. Entity Name

TUCKAWAY LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4125 SOUTH FISKE BLVD.
ROCKLEDGE FL 32955

Mailing Address

4125 SOUTH FISKE BLVD.
ROCKLEDGE FL 32955

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3672 McLean Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Rockledge FL

4. FEI Number

59-3204287

Applied For

Not Applicable

Zip

Country

Zip 32955

Country USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, JOHN F
4125 SOUTH FISKE BLVD.
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

Terri Faulkner

Street Address (P.O. Box Number is Not Acceptable)

3672 McLean Ave

City

Rockledge

FL

Zip Code

32955

8. 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

Terri Faulkner

Terri Faulkner

4-25-01

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, JOHN F. 3885 SOUTH FISKE BLVD ROCKLEDGE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUCKER, GILBERT A 4115 SOUTH FISKE BLVD ROCKLEDGE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCKER, ROBERT A 4101 SOUTH FISKE BLVD ROCKLEDGE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Goodson (President) 1175 Tuckaway Dr. Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rocky Jenkins (Secretary) 3450 Brahman Ave Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terri Faulkner (Treasurer) 3672 McLean Ave Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Terri Faulkner

4/25/01

321-632-3811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #