

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004660 (6)
1. Corporation Name
TUSCA OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751
2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751

2. Principal Place of Business 2a. Mailing Address
21 555 Winderley Place 26 555 Winderley Place
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 420 27 Suite 420
City & State City & State
23 Maitland, Florida 28 Maitland, Florida
Zip Country Zip Country
24 32751 25 U.S.A. 29 32751 30 U.S.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:10

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1994 3a. Date of Last Report
4. FEI Number 59-3289675 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MOHLE, HELMUT
2250 LUCIEN WAY
SUITE 250
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name Mohle, Helmut L.
82 Street Address (P.O. Box Number is Not Acceptable) 555 Winderley Place
83 Suite 420
84 City Maitland, FL 85 Zip Code 32751

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Helmut Mohle* DATE 2-16-95
Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Mohle, Helmut L.
STREET ADDRESS		1.3 STREET ADDRESS	555 Winderley Place, Suite 420
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Maitland, Florida 32751
TITLE		2.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	McDonald, Donna J.
STREET ADDRESS		2.3 STREET ADDRESS	555 Winderley Place, Suite 420
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Maitland, Florida 32751
TITLE		3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Koelble, Janice C.
STREET ADDRESS		3.3 STREET ADDRESS	555 Winderley Place, Suite 420
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Maitland, Florida 32751
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Helmut Mohle* DATE 1-25-95 (407)875-1001
Signature and typewritten printed name of signing officer or director Date Keyhole Photo #
Helmut Mohle, President