

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004660 (6)
1. Corporation Name

TUSCA OAKS HOMEOWNERS ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751 US | 555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751 US |

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/16/1994 | 3a. Date of Last Report 02/22/1995 |
|--|--|

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|------------------------------------|--|
| 4. FEI Number 59-3289675 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

9. Name and Address of Current Registered Agent

MOHLE, HELMUT
555 WINDERLEY PLACE
SUITE 420
MAITLAND FL 32751

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MOHLE, HELMUT L. | |
| STREET ADDRESS | 555 WINDERLEY PLACE SUITE 420 | |
| CITY - ST - ZIP | MAITLAND FL | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | MCDONALD, DONNA J. | |
| STREET ADDRESS | 555 WINDERLEY PLACE SUITE 420 | |
| CITY - ST - ZIP | MAITLAND FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | KOELBLE, JANICE C. | |
| STREET ADDRESS | 555 WINDERLEY PLACE SUITE 420 | |
| CITY - ST - ZIP | MAITLAND FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | DST |
| 23 STREET ADDRESS | George, Cheryl A. |
| 24 CITY - ST - ZIP | 555 Winderley Place Suite 420 Maitland, FL 32751 |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 119.07(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 as an attachment with an address.

SIGNATURE: *Helmut Mohle* **March 6, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
407-875-1001

CR2E037 (12/95)