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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004660 (6)**
1. Corporation Name
TUSCA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32778-5044 US	Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32778-5044 US
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3. Date Incorporated or Qualified 09/16/1994	
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**GILBERT, JOHN W
555 WINDERLEY PLACE
SUITE 420
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name	JAMES W. HART, JR.
82 Street Address (P.O. Box Number is Not Acceptable)	SENTRY MANAGEMENT, INC.
83	2180 WEST SR 434, SUITE 5000
84 City	LONGWOOD FL
85 Zip Code	32779

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 *[Signature]* **JAMES W. HART, JR.** **2/3/98**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, JOHN	
STREET ADDRESS	555 WINDERLEY PLACE SUITE 420	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, WADE	
STREET ADDRESS	555 WINDERLEY PL STE 420	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, JENNIFER	
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

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DORRIS, ALLEN	
1.3 STREET ADDRESS	308 WOOD LEAF DR	
1.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KEENAN, SAMUEL	
2.3 STREET ADDRESS	205 HAZELWOOD CT	
2.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MAY, BARBARA	
3.3 STREET ADDRESS	135 WOOD LEAF DR	
3.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BROWN, STEPHANIE	
4.3 STREET ADDRESS	144 WOOD LEAF DR	
4.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CANNIZZARO, MATTHEW	
5.3 STREET ADDRESS	208 HAZELWOOD CT	
5.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STEIN, LESLIE G.	
6.3 STREET ADDRESS	312 WOOD LEAF DR	
6.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708	

14. 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 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 address.

SIGNATURE: *[Signature]* **ALLEN DORRIS** 4-15-98

CR2E037 (10/97)