

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004660

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: TUSCA OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

FEI Number: 59-3289675      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NORTHROP, RUTH  
Address: 106 WOODLEAF DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD ( ) Delete  
Name: SEGAL, LAURA  
Address: 127 WOODLEAF DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD ( ) Delete  
Name: DEMARZO, RALPH  
Address: 115 WOODLEAF DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: IBOLD, DON  
Address: 424 FLATWOOD DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete  
Name: NORTHROP, KEVIN  
Address: 106 WOODLEAF DR  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DEMARZO, RALPH  
Address: 115 WOODLEAF DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD (X) Change ( ) Addition  
Name: IBOLD, DON  
Address: 424 FLATWOOD DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH NORTHROP

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date