


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004016
 1. Entity Name
 TUCK'S KNOLL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 3863 TUCK'S POINT 3863 TUCK'S POINT
 WINTER PARK, FL 32792 WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3622011	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BYRON, WILLIAM I
 3863 TUCK'S POINT
 WINTER PARK, FL 32792

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: William I. Byron, Director William I. Byron 1/12/05 WS

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000183600
 01/19/05-80070-020 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BYRON, WILLIAM I 3863 TUCK'S POINT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREVISANI, PAULA 3874 TUCK'S POINT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, DAVID 3867 TUCK'S POINT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: William I. Byron, Director 1/12/05 407-677-0306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William I. Byron