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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 16 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755049 (4)

1. Corporation Name
WOODSTREAM AT TUSCAWILLA HOMEOWNERS' ASSOCIATION , INC.

Principal Place of Business
C/O MARK BAILEY
1023 NANCY CIRCLE
WINTER SPRINGS FL 32708

Mailing Address
C/O MARK BAILEY
1023 NANCY CIRCLE
WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2378034 — Applied For / Not Applicable

2. Principal Place of Business
21 C/O SARA J. RUSCH
22 Suite, Apt. #, etc. 1012 Nancy Circle
23 City & State Winter Springs, FL
24 Zip 32708 25 Country USA

2a. Mailing Address
26 C/O SARA J. RUSCH
27 Suite, Apt. #, etc. 1012 Nancy Circle
28 City & State Winter Springs, FL
29 Zip 32708 30 Country USA

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
BAILEY, MARK
1023 NANCY CIRCLE
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
81 Name SARA J. RUSCH
82 Street Address (P.O. Box Number is Not Acceptable) 1012 Nancy Circle
83
84 City Winter Springs FL 85 Zip Code 32708

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 X Sara Jo Rusch
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 | ~~VP~~ |
| NAME | ~~CLARK, DOUG~~ oops |
| STREET ADDRESS | 1004 NANCY CIR. |
| CITY-ST-ZIP | WINTER SPRINGS FL |
| TITLE | ~~DP~~ |
| NAME | ~~GRIMM, GORDON~~ |
| STREET ADDRESS | ~~1002 NANCY CIR~~ oops |
| CITY-ST-ZIP | ~~WINTER SPRINGS FL~~ |
| TITLE | DT |
| NAME | BAILEY, MARK |
| STREET ADDRESS | 1023 NANCY CIRCLE |
| CITY-ST-ZIP | WINTER SPRINGS FL |
| TITLE | DS |
| NAME | WARBURTON, CAROL |
| STREET ADDRESS | 1003 NANCY CIR |
| CITY-ST-ZIP | WINTER SPRINGS FL |
| TITLE | D |
| NAME | RUSCH, SARA J |
| STREET ADDRESS | 1012 NANCY CIR. |
| CITY-ST-ZIP | WINTER SPRINGS FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1.1 TITLE | DP ☒ Change ☐ Addition |
| 1.2 NAME | Clark, Doug |
| 1.3 STREET ADDRESS | 1004 Nancy Cir |
| 1.4 CITY-ST-ZIP | Winter Springs, FL 32708 |
| 2.1 TITLE | VP ☒ Change ☐ Addition |
| 2.2 NAME | ~~[illegible]~~ Treadway, Tom |
| 2.3 STREET ADDRESS | 1002 Nancy Cir |
| 2.4 CITY-ST-ZIP | Winter Springs, FL 32708 |
| 3.1 TITLE | DT ☒ Change ☐ Addition |
| 3.2 NAME | ~~[illegible]~~ Rusch, SARA J. |
| 3.3 STREET ADDRESS | 1012 Nancy Circle |
| 3.4 CITY-ST-ZIP | Winter Springs, FL 32708 |
| 4.1 TITLE | DS ☐ Change ☒ Addition |
| 4.2 NAME | Rusch, Andrea |
| 4.3 STREET ADDRESS | 1014 Nancy Circle |
| 4.4 CITY-ST-ZIP | Winter Springs, FL 32708 |
| 5.1 TITLE | DT ☒ Change ☐ Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | ☐ Change ☐ Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 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 on an attachment with an address.

SIGNATURE: Sara Jo Rusch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SARA Jo Rusch

Date 3-13-95
Daytime Phone # 407-830-6700

0030704