

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 # N04806 (8)

1. Corporation Name

TUSKABAY HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4996 COURTLAND LOOP
WINTER SPRINGS FL 32708
US

P O BOX 196194
WINTER SPRINGS FL 32719-6194
US

3. Date Incorporated or Qualified

08/22/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4904 Petra Ct.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Winter Springs, FL

28 City & State

24 Zip 32708

25 County Seminole

29 Zip

30 Country

4. FEI Number

59-2258482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARAN, TERRY
4973 COURTLAND LOOP
WINTER SPRINGS FL 32708

81 Name

Ellen Sapp

82 Street Address (P.O. Box Number is Not Acceptable)

4904 Petra Ct.

83

Winter Springs

84 City

FL

85 Zip Code

32708

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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3000001744045

1/17/96

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME RYAN, RORY
STREET ADDRESS 4996 COURTLAND LOOP
CITY - ST - ZIP WINTER SPRINGS FL

TITLE VPD ☒ DELETE

NAME RUSSELL, BO
STREET ADDRESS 4936 TUCKA BAY CT
CITY - ST - ZIP WINTER SPRINGS FL

TITLE SD ☒ DELETE

NAME ARAN, TERRY
STREET ADDRESS 4973 COURTLAND LOOP
CITY - ST - ZIP WINTER SPRINGS FL

TITLE TD ☐ DELETE

NAME SAPP, ELLEN
STREET ADDRESS 4904 PETRA CT
CITY - ST - ZIP WINTER SPRINGS FL

TITLE D ☒ DELETE

NAME POSTILL, STEVE
STREET ADDRESS 4985 COURTLAND LOOP
CITY - ST - ZIP WINTER SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

***61.25

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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:

Ellen Sapp

Ellen Sapp

1/17/96

407-695-0215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)