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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755049

1. Corporation Name

**WOODSTREAM AT TUSCAWILLA HOMEOWNERS' ASSOCIATION
, INC.**

Principal Place of Business

% RUSCH, SARA J.
1012 NANCY CIR
WINTER SPRINGS FL 32708
US

Mailing Address

% RUSCH, SARA J.
1012 NANCY CIR
WINTER SPRINGS FL 32708
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/10/1980

4. FEI Number

59-2378034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RUSCH, SARA J.
1012 NANCY CIR
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME CLARK, DOUG
STREET ADDRESS 1004 NANCY CIR.
CITY-ST-ZIP WINTER SPRINGS FL

TITLE D ☒ DELETE
NAME GRIMM, GORDON
STREET ADDRESS 1022 NANCY CIR
CITY-ST-ZIP WINTER SPRINGS FL

TITLE DVP ☒ DELETE
NAME TREADWAY, THOMAS
STREET ADDRESS 1002 NANCY CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL

TITLE DT ☐ DELETE
NAME RUSCH, SARA J
STREET ADDRESS 1012 NANCY CIR.
CITY-ST-ZIP WINTER SPRINGS FL

TITLE DS ☒ DELETE
NAME RUSCH, ANDREA
STREET ADDRESS 1014 NANCY CIR
CITY-ST-ZIP WINTER SPRING FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME THOMAS TREADWAY
1.3 STREET ADDRESS 1002 NANCY CIR.
1.4 CITY-ST-ZIP WINTER SPRINGS, FL

2.1 TITLE DVP ☒ Change ☐ Addition
2.2 NAME CHRISTINE BREDHOLT
2.3 STREET ADDRESS 1027 NANCY CIR
2.4 CITY-ST-ZIP WINTER SPRINGS, FL

3.1 TITLE DS ☒ Change ☐ Addition
3.2 NAME TERRY SCARLATA
3.3 STREET ADDRESS 1006 NANCY CIR
3.4 CITY-ST-ZIP WINTER SPRINGS, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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 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, with all other like empowered.

SIGNATURE:

SARA JO RUSCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARA JO RUSCH

Date

1-5-99

Daytime Phone #

407-365-1394

CR2E037 (11/98)