

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761766

1. Entity Name

TUSKAWILLA RIDGE HOMEOWNERS ASSOCIATION, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-02-2002 90028 004 ****61.25

Principal Place of Business

190 N. WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

190 N. WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0102284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CAMPBELL, MARILYN
190 N. WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS FL 32714

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GONZALEZ, LUIS
1170 SADDLEHORN CIRCLE
WINTER SPRINGS FL 32708

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
Locus, Laura
1150 Saddlehorn Cir
Winter Springs, FL 32708

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT D
ST ONGE, PHILIP
1198 SADDLEHORN CIRCLE
WINTER SPRINGS FL 32708

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
ST ONGE, PHILIP
1198 SADDLEHORN CIRCLE
WINTER SPRINGS FL 32708

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
RALEY, CHRIS
1128 SADDLEHORN CIRCLE
WINTER SPRINGS FL 32708

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MCGRATH, SCOTT
1125 SADDLEHORN CIRCLE
WINTER SPRINGS FL 32708

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
mcGrath, Scott
1125 Saddlehorn Cir
Winter Springs, FL 32708

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/02

Date

407-321-4500

Daytime Phone #

CR2E037 (9/01)

x5693