# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2007 8:00 am**
**Secretary of State**
04-06-2007 90050 016 ****61.25

40052735

DOCUMENT # 761766

Entity Name
USKAWILLA RIDGE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business
135 W. PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address
135 W. PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip
Country

02082007 Chg-NP CR2E037 (12/06)

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**

RESIDENTIAL GROUP SOUTH, INC.
135 W. PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
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, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | VD | ☐ Delete |
| NAME | CALLAHAN, THOMAS | |
| STREET ADDRESS | 1125 SADDLEHORN CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |
| TITLE | STD | ☐ Delete |
| NAME | CALLAHAN, CELIA | |
| STREET ADDRESS | 1125 SADDLEHORN CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |
| TITLE | D | ☒ Delete |
| NAME | LOCUS, WILLIAM | |
| STREET ADDRESS | 1150 SADDLEHORN CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |
| TITLE | D | ☐ Delete |
| NAME | WEATHERS, MELISSA | |
| STREET ADDRESS | 1155 SADDLEHORN CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |
| TITLE | PD | ☒ Delete |
| NAME | MURPHY KEVIN | |
| STREET ADDRESS | 1170 SADDLEHORN CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|---|---|---|
| TITLE | PRES | ☒ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | ☒ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Celia Callahan 3/31/07 407-761-4472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #