**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 06, 2017**
**Secretary of State**
**CC7244720969**

DOCUMENT# 761766

**Entity Name:** TUSKAWILLA RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1194 SADDLEHORN CIRCLE
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

P.O. BOX 195981
WINTER SPRINGS, FL 32719 US

**FEI Number: 65-0102284**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CABRERO, ANNA M
1194 SADDLEHORN CIRCLE
WINTER SPRINGS, FL 32708 US

*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: ANNA M CABRERO 04/06/2017

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | VP, TREASURER | Title | PRESIDENT |
| Name | ST ONGE, PHILLIP | Name | CABRERO, ANNA |
| Address | 1198 SADDLEHORN CIRCLE | Address | 1194 SADDLEHORN CIR |
| City-State-Zip: | WINTER SPRINGS FL 32708 | City-State-Zip: | WINTER SPRINGS FL 32708 |

| | |
|---|---|
| Title | SECRETARY |
| Name | SCUCCI, BARBARA |
| Address | 1190 SADDLEHORN CIR |
| City-State-Zip: | WINTER SPRINGS FL 32708 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: ANNA M CABRERO PRESIDENT HOA 04/06/2017

Electronic Signature of Signing Officer/Director Detail — Date