	Entity Name	E: TUSCAWILLA TRACE HOMEOWNERS ASS	SOCIATION, II	NC. Secretary	
	Current Prin	cipal Place of Business:			
	20 TUSCAWILL				
	WINTER SPRIN	NGS, FL 32708			
	Current Mai	ling Address:			
	PO BOX 196	338			
	WINTER SP	RINGS, FL 32708 US			
	FEI Number	: 59-3686363		Certificate of Status Des	irad: No
Name and Address of Current Registered Agent:				Certificate of Status Des	neu. No
LETENDRE, ROBERT 113 VIEW POINT PLACE					
WINTER SPRINGS, FL 32708 US					
	The above name	I ontity submits this statement for the nurness of changing its rogis	stored office or regis	torod agont or both in the State of Ele	vrida
		entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	
		ROBERT LETENDRE	stered office or regis	tered agent, or both, in the State of Flo	01/19/2015
			stered office or regis	tered agent, or both, in the State of Flo	
		Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	01/19/2015
	SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	01/19/2015
	SIGNATURE	Electronic Signature of Registered Agent			01/19/2015
	SIGNATURE Officer/Direc Title	Electronic Signature of Registered Agent Ctor Detail : PD	Title	VPD	01/19/2015
	SIGNATURE Officer/Direc Title Name	Electronic Signature of Registered Agent Ctor Detail : PD MOEDER, PATRICK PO BOX 196338	Title Name	VPD GAKHAR, BRIJ P.O. BOX 196338	01/19/2015
	SIGNATURE Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD MOEDER, PATRICK PO BOX 196338 WINTER SPRINGS FL 32708	Title Name Address	VPD GAKHAR, BRIJ P.O. BOX 196338	01/19/2015
	SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD MOEDER, PATRICK PO BOX 196338 WINTER SPRINGS FL 32708 TSD	Title Name Address	VPD GAKHAR, BRIJ P.O. BOX 196338	01/19/2015
	SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD MOEDER, PATRICK PO BOX 196338 WINTER SPRINGS FL 32708 TSD LETENDRE, ROBERT	Title Name Address	VPD GAKHAR, BRIJ P.O. BOX 196338	01/19/2015
	SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD MOEDER, PATRICK PO BOX 196338 WINTER SPRINGS FL 32708 TSD LETENDRE, ROBERT P.O. BOX 196338	Title Name Address	VPD GAKHAR, BRIJ P.O. BOX 196338	01/19/2015
	SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD MOEDER, PATRICK PO BOX 196338 WINTER SPRINGS FL 32708 TSD LETENDRE, ROBERT P.O. BOX 196338	Title Name Address	VPD GAKHAR, BRIJ P.O. BOX 196338	01/19/2015

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: ROBERT LETENDRE

TREASURER

01/19/2015

DOCUMENT# N0000007756

Entity No THECANNILLA TRACE HOMEOWINERS ASSOCIATION INC

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Signing Officer/Director Detail

FILED Jan 19, 2015 Secretary of State