

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04806

Entity Name: TUSKABAY HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4735 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769**Current Mailing Address:**4735 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769 US**FEI Number:** 59-2258482**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINEZ, DONNIE
4735 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769 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:** DONNIE MARTINEZ

01/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MULLER, THOMAS
Address 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title VP
Name NIEMIEC, EDWARD
Address 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title SECRETARY
Name EULIANO, CAROLYN
Address 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title TREASURER
Name FRILEN, ROBERT DR.
Address 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title DIRECTOR
Name GOSS, BARBARA
Address 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

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: THOMAS MULLER

PRESIDENT

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date