

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41145

**Entity Name:** ARBOR GLEN AT TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Jan 26, 2015**  
**Secretary of State**  
**CC2104469621****Current Principal Place of Business:**1151 ARBOR GLEN CIRCLE  
WINTER SPRINGS, FL 32708**Current Mailing Address:**1151 ARBOR GLEN CIRCLE  
WINTER SPRINGS, FL 32708 US**FEI Number: 59-3034018****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BRACCO, LARRY  
1151 ARBOR GLEN 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: LARRY BRACCO****01/26/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	BRACCO, LARRY
Address	1151 ARBOR GLEN CIR
City-State-Zip:	WINTER SPRINGS FL 32708

Title	TREASURER
Name	SCLATER, DEBORAH P
Address	1115 ARBOR GLEN CIRCLE
City-State-Zip:	WINTER SPRINGS FL 32708

Title	SECRETARY
Name	ZABALA, LUCY G
Address	1121 ARBOR GLEN CIRCLE
City-State-Zip:	WINTER SPRINGS FL 32708

Title	AT LARGE
Name	JOHNSON, JEANIE
Address	1135 ARBOR GLEN CIRCLE
City-State-Zip:	WINTER SPRINGS FL 32708

Title	VP
Name	SEE, LORI M
Address	1120 ARBOR GLEN CIRCLE
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: LUCY G. ZABALA****SECRETARY****01/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date