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. 01/23/2022

PRESIDENT

SIGNATURE: JASON ASHFORD

Electronic Signature of Signing Officer/Director Detail

Entity Name: ARBOR GLEN AT TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

ASPIRE COMMUNITY MGMT 3203 LAWTON ROAD SUITE 130 ORLANDO, FL 32803

DOCUMENT# N41145

Current Mailing Address:

ASPIRE COMMUNITY MGMT PO BOX 785169 WINTER GARDEN, FL 34778 US

FEI Number: 59-3034018

Name and Address of Current Registered Agent:

ASPIRE COMMUNITY MGMT ASPIRE COMMUNITY MGMT 3203 LAWTON ROAD SUITE 130 ORLANDO, FL 32803 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 | : KATHY BOLLO | Ū | | 01/23/2022 |
|---------------------------|--|-----------------|------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PRESIDENT | Title | SECRETARY, TREASURER | |
| Name | ASHFORD, JASON | Name | DAKEL, JAN | |
| Address | PO BOX 785169 | Address | PO BOX 785169 | |
| City-State-Zip: | WINTER GARDEN FL 34778 | City-State-Zip: | WINTER GARDEN FL 34778 | |
| Title | DIRECTOR | Title | VP | |
| Name | TRAVIESO, DION | Name | BROWN, LESLIE | |
| Address | PO BOX 785169 | Address | PO BOX 785169 | |
| City-State-Zip: | WINTER GARDEN FL 34778 | City-State-Zip: | WINTER GARDEN FL 34778 | |

Certificate of Status Desired: No

Jan 23, 2022 Secretary of State 2639420455CC

FILED