

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41145

**Entity Name:** ARBOR GLEN AT TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**1360372616CC****Current Principal Place of Business:**ASPIRE COMMUNITY MGMT  
13790 BRIDGEWATER CROSSINGS BLVD 1080-73  
WINDERMERE, FL 34786**Current Mailing Address:**ASPIRE COMMUNITY MGMT  
PO BOX 785169  
WINTER GARDEN, FL 34778 US**FEI Number: 59-3034018****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASPIRE COMMUNITY MGMT  
ASPIRE COMMUNITY MGMT  
13790 BRIDGEWATER CROSSINGS BLVD 1080-73  
WINDERMERE, FL 34786 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****03/20/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	ASHFORD, TIFFANY M
Address	PO BOX 785169
City-State-Zip:	WINTER GARDEN FL 34778

Title	PRESIDENT
Name	ZABALA, LUCY G
Address	PO BOX 785169
City-State-Zip:	WINTER GARDEN FL 34778

Title	TREASURER
Name	SOO LUM, TARA N
Address	PO BOX 785169
City-State-Zip:	WINTER GARDEN FL 34778

Title	VP
Name	STEPHENS, WALTER (BO)
Address	PO BOX 785169
City-State-Zip:	WINTER GARDEN FL 34778

Title	DIRECTOR
Name	CONE, ROBERT
Address	ASPIRE COMMUNITY MGMT PO BOX 785169
City-State-Zip:	WINTER GARDEN FL 34778

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 ZABALA****PRESIDENT****03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date