


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90050 007 ****61.25

DOCUMENT # 738842 1. Entity Name TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P O BOX 195666 WINTER SPRINGS, FL 32719 US			Mailing Address P O BOX 195666 WINTER SPRINGS, FL 32719 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARNER, MERVIN 673 KEUKA CT WINTER SPRINGS, FL 32708			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WARNER, MERVIN		NAME	CHARLES LACEY	
STREET ADDRESS	673 KEUKA CT		STREET ADDRESS	733 BEAR CREEK CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KHEMLANI, MOTI		NAME	RICHARD MASTROBERTE	
STREET ADDRESS	805 MORGAN STREET		STREET ADDRESS	1716 SENECA BLVD	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	TD <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAYLOR, JOHN C		NAME	DANIEL HOLSENBECK	
STREET ADDRESS	695 BEAR PAW CT		STREET ADDRESS	1424 MT. LAUREL	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TILLIS, LINDA		NAME	DON GILMORE	
STREET ADDRESS	1102 ERIE CT		STREET ADDRESS	803 LEOPARD TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, TOM		NAME	PAMELA CARROLL	
STREET ADDRESS	717 ADIDAS RD		STREET ADDRESS	865 DYSON DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HILLERY, GARY		NAME	TOM FREEMAN	
STREET ADDRESS	1220 WINTER SPRINGS BLVD		STREET ADDRESS	900 DYSON DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>John C. Taylor</i> Treasurer			2/5/07 407-366-0468		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		