


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90016 048 ****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		Country		02102008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1974579				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARNER, MERVIN 673 KEUKA CT WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name CARROLL, PAMELA Street Address (P.O. Box Number is Not Acceptable) 865 DYSON DR. City WINTER SPRINGS FL Zip Code 32708		
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 <i>Pamela Carroll</i> PAMELA CARROLL, PRESIDENT 2/10/08 <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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WARNER, MERVIN <input type="checkbox"/> Delete 673 KEUKA CT WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WARNER, MERVIN 673 KEUKA CT WINTER SPRINGS, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LACEY, CHARLES <input type="checkbox"/> Delete 733 BEAR CREEK CIRCLE WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARROLL, PAMELA 865 DYSON DR. WINTER SPRINGS, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, JOHN C <input type="checkbox"/> Delete 695 BEAR PAW CT WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASTROBERTE, RICHARD <input type="checkbox"/> Delete 1716 SENECA BLVD WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MASTROBERTE, RICHARD 1716 SENECA BLVD WINTER SPRINGS, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BROWN, TOM 717 ADIDAS RD WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FREEMAN, TOM 900 DYSON DR WINTER SPRINGS, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOLSENBECK, DANIEL 1424 MT. LAUREL WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Pamela Carroll</i> PAMELA CARROLL, PRESIDENT 2/10/08 (4073597800) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					