FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747882** **(9)**

1. Corporation Name

COUNTRY CLUB VILLAGE AT TUSCAWILLA HOMEOWNERS AS SOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 3621 WINTER SPRINGS FL 32708 US	PO BOX 3621 WINTER SPRINGS FL 32708 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1979
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2130020 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

DUVAL, BARBARA
1302 AUGUSTA NATIONAL BLVD.
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

01 Name: LEIN, EUGENE
02 Street Address (P.O. Box Number is Not Acceptable)
03: 1173 WINGED FOOT CIR. E.
04 City: WINTER SPRINGS, FL 05 Zip Code: 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Eugene C. Lein — 4/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRES. P/D	☒ Change ☐ Addition
NAME	DUVAL, BARBARA	12 NAME	LEIN, EUGENE	
STREET ADDRESS	1302 AUGUSTA NATIONAL BLVD.	13 STREET ADDRESS	1173 WINGED FOOT CIR E	
CITY-ST-ZIP	WINTER SPRINGS FL	14 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	VD	21 TITLE	V. PRES. V/D	☒ Change ☐ Addition
NAME	ROGIER, DEBBIE	22 NAME	BATCHELER, ROBERT	
STREET ADDRESS	909 AUGUSTA NATIONAL BLVD.	23 STREET ADDRESS	1344 AUGUSTA NATIONAL BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL	24 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	TD	31 TITLE	TREAS. T/D	☒ Change ☐ Addition
NAME	HOUGH, ROBERT	32 NAME	MAC KINNON, ROBERT	
STREET ADDRESS	1012 PEBBLE BEACH CIR EAST	33 STREET ADDRESS	1119 WINGED FOOT CIR W.	
CITY-ST-ZIP	WINTER SPRINGS FL	34 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	SD	41 TITLE	SEC'Y. S/D	☒ Change ☐ Addition
NAME	FRINK, ALBERT	42 NAME	RUPP, BETTY	
STREET ADDRESS	1368 AUGUSTA NATIONAL BLVD.	43 STREET ADDRESS	1153 WINGED FOOT CIR W	
CITY-ST-ZIP	WINTER SPRINGS FL	44 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene C. Lein — EUGENE C. LEIN — 4/27/95 — 456-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #