

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PO BOX 3621
WINTER SPRINGS FL 32708
US

PO BOX 3621
WINTER SPRINGS FL 32708
US

3. Date Incorporated or Qualified
06/29/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIN, EUGENE
~~4002 AUGUSTA NATIONAL BLVD.~~
1173 WINGED FOOT CIR. E
WINTER SPRINGS FL 32708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEIN, EUGENE ☐ DELETE
STREET ADDRESS 1173 WINGED FOOT CIR. E
CITY-ST-ZIP WINTER SPRINGS FL

TITLE VD
NAME BATCHELDER, ROBERT ☒ DELETE
STREET ADDRESS 1344 AUGUSTA NATIONAL BLVD.
CITY-ST-ZIP WINTER SPRINGS FL

TITLE TD
NAME MACKINNON, ROBERT ☐ DELETE
STREET ADDRESS 1189 WINGED FOOT CIR. W
CITY-ST-ZIP WINTER SPRINGS FL

TITLE SD
NAME RUPP, BETTY ☐ DELETE
STREET ADDRESS 1153 WINGED FOOT CIR. W
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME PORRAS, FABABRA
2.3 STREET ADDRESS 11 WINGED FOOT CIR. E
2.4 CITY-ST-ZIP WINTER SPRINGS, FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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**

2/1/96 407-346-6327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)