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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 06/29/1979

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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

~~LEIN, EUGENE~~ ~~Joseph~~
~~1173 WINGED FOOT CIR. E.~~
~~WINTER SPRINGS FL 32708~~

10. Name and Address of New Registered Agent

81 Name: Joseph Gomez
82 Street Address (P.O. Box Number is Not Acceptable): 1058 Pebble Beach Cir. E.
83: Winter Springs
84 City: FL 85 Zip Code: 32708

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: J Gomez Treasurer (Signature of new registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 1/5/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE
NAME	LEIN, EUGENE	1.1 TITLE: President PD ☐ Change ☑ Addition
STREET ADDRESS	1173 WINGED FOOT CIR. E	1.2 NAME: Helen BAKER
CITY-ST-ZIP	WINTER SPRINGS FL	1.3 STREET ADDRESS: 1182 Winged Foot Circle E.
		1.4 CITY-ST-ZIP: Winter Springs, FL 32708
TITLE	VD	☑ DELETE
NAME	PORRAS, BARBARA	2.1 TITLE: Vice President VDD ☐ Change ☑ Addition
STREET ADDRESS	11 WINGED FOOT CIR E.	2.2 NAME: BoB Feeny
CITY-ST-ZIP	WINTER SPRINGS FL	2.3 STREET ADDRESS: 1349 Augusta National Blvd
		2.4 CITY-ST-ZIP: Winter Springs, FL 32708
TITLE	TD	☐ DELETE
NAME	GOMEZ, JOSEPH	~~Addition~~ 3.1 TITLE: ☐ Change ☐ Addition
STREET ADDRESS	1058 PEBBLE BEACH CIR. E.	Continue in office 3.2 NAME:
CITY-ST-ZIP	WINTER SPRINGS FL	3.3 STREET ADDRESS:
		3.4 CITY-ST-ZIP:
TITLE	SD	☐ DELETE
NAME	RUPP, BETTY	~~Addition~~ 4.1 TITLE: ☐ Change ☐ Addition
STREET ADDRESS	1153 WINGED FOOT CIR. W	Continue in office 4.2 NAME:
CITY-ST-ZIP	WINTER SPRINGS FL	4.3 STREET ADDRESS:
		4.4 CITY-ST-ZIP:
TITLE		☐ DELETE
NAME		5.1 TITLE: ☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME:
CITY-ST-ZIP		5.3 STREET ADDRESS:
		5.4 CITY-ST-ZIP:
TITLE		☐ DELETE
NAME		6.1 TITLE: ☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME:
CITY-ST-ZIP		6.3 STREET ADDRESS:
		6.4 CITY-ST-ZIP:

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: J Gomez Treasurer Joseph Gomez 1/5/98 (407) 366-1968