FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 16, 1999 8:00 am
Secretary of State
06-16-1999 90016 004 ****61.25

576569 - 90016 - 4

DOCUMENT # 747882

1. Corporation Name
Country Club Village at Tuscawilla Homeowners Association, Inc.

Principal Place of Business	Mailing Address
238 N. Westmonte Dr. Suite 260 Altamonte Springs, FL 32714	P.O. Box 161606 Altamonte Springs. FL 32716-1606

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 238 N. Westmonte Dr.	26 P.O. Box 161606	
Suite, Apt. #, etc. 22 Suite 260	Suite, Apt. #, etc. 27	4. FEI Number 59-213002 ☐ Applied For ☐ Not Applicable
City & State 23 Altamonte Spr. FL	City & State 28 Altamonte Spr. FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 32714 Country 25 USA	Zip 29 32716 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Joseph Gomez
1058 Pebble Beach Circle East
Winter Springs, FL.
32708

10. Name and Address of New Registered Agent

81 Name: Margo Pfauser
82 Street Address (P.O. Box Number is Not Acceptable): 238 N. Westmonte Dr. #260
83 Altamonte Springs, FL
84 City: Altamonte Springs, FL 85 Zip Code: 32714

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 _____ 6-8-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Baker, Helen 1182 Winged Foot Circle East Winter Springs, FL 32708 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Woods, Dan 1180 Winged Foot Circle East Winter Springs, FL. 32708 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Bowman, Sam 1053 Pebble Beach Circle Winter Springs, FL. 32708 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Crandell, Richard 1140 Winged Foot Circle West Winter Springs, FL 32708 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Gomez, Joseph 1058 Winged Foot Circle West Winter Springs, FL. 32708 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	DBlush, Eileen 1175 Winged Foot Circle East Winter Springs, FL. 32708 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rupp, Betty 1153 Winged Foot Circle West Winter Springs, FL 32708 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Rogier, Debbie 909 Augusta National Blvd. Winter Springs, FL 32708 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Feeny, Robert 1349 Augusta National Blvd. Winter Springs, FL. 32708 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _____ 6/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)