

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747882

FILED
Apr 20, 2005
Secretary of State

Entity Name: COUNTRY CLUB VILLAGE AT TUSCAWILLA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DR
STE 2050
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

225 S WESTMONTE DR
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

P O BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-2130020 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PFAUSER, MARGO
225 S WESTMONTE DR
STE 2050
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

PFAUSER, MARGO
225 S WESTMONTE DR
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: _____

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAKER, HELEN
Address: 1182 WINGED FOOT CIRCLE EAST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Delete
Name: SANDQUIST, DIANE
Address: 1390 AUGUSTER NATE BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: FULMER, ROBERT
Address: 1028 PEBBLE BEACH CIRCLE WEST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DVP () Delete
Name: CLEMENT, JACKIE
Address: 1388 AUGUSTA NATIONAL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: YARUSINSKI, JOE
Address: 1166 WINGED FOOT CIRCLE EAST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: BOWMAN, SAM
Address: 1366 AUGUSTA NATIONAL
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGO PFAUSER

A

04/20/2005

Electronic Signature of Signing Officer or Director

Date