

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747882

FILED
Apr 28, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

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: TD () Delete
Name: FULMER, ROBERT
Address: P.O. BOX 2246
City-St-Zip: GOLDENROD, FL 32733

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

Title: D () Delete
Name: KINES, GARY
Address: 1035 PEBBLE BEACH CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: HUTSELL, FRANK
Address: 1331 AUGUSTA NATIONAL BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DV (X) Change () Addition
Name: PELCZAR, ED
Address: 1014 PEBBLE BEACH CIRCLE W
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DP (X) Change () Addition
Name: CLEMENT, JACKIE
Address: 1388 AUGUSTA NATIONAL
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: DS () Change (X) Addition
Name: JACKSON, SALLIE
Address: 1046 PEBBLE BEACH CIRCLE EAST
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JACKIE CLEMENT

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date