

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747882

FILED
Mar 31, 2010
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

Current Mailing Address:

P O BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Principal Place of Business:

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

New Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

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:

VISTA COMMUNITY ASSOCIATION MANAGEMENT, IN
225 S WESTMONTE DR
#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: ELLEN R WOMACK

03/31/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DTS
Name: MCCLAUGHLIN, DAVID
Address: 1349 AUGUSTA NATIONAL BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D
Name: HERALD, SANDY
Address: 1043 PEBBLE BEACH CIRCLE W
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: D
Name: STANLEY, BONNIE
Address: 1134 WINGED FOOT CIR WEST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DVP
Name: JACKSON, SALLIE
Address: 1046 PEBBLE BEACH CIRCLE EAST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D
Name: MORGAN, CANDY
Address: 1386 AUGUSTA NATIONAL BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: JOE YARUSINSKI

DP

03/31/2010

Electronic Signature of Signing Officer or Director

Date