

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761766

1. Entity Name

TUSKAWILLA RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1198 SADDLEHORN CIRCLE
WINTER SPRINGS FL 32708
US

Mailing Address

1198 SADDLEHORN CIRCLE
WINTER SPRINGS FL 32708
US

2. Principal Place of Business

190 N. Westmonte Drive

Suite, Apt. #, etc.

100

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

3. Mailing Address

190 N. Westmonte Drive

Suite, Apt. #, etc.

100

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

4. FEI Number

65-0102284

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ST ONGE, PHILIP J.
1198 SADDLEHORN CIRCLE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name - Marilyn Campbell

Street Address (P.O. Box Number is Not Acceptable)

190 N. Westmonte Drive, Suite 100

City

Altamonte Springs

FL

Zip Code

32714

8. 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

Marilyn Campbell

Signature, typed or printed name of registered agent and title if applicable.

(NOT

Registered Agent signature required when reinstating)

Marilyn Campbell

4.30.01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MAROLLA, MARIA	
STREET ADDRESS	1174 SADDLEHORN CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ST ONGE, PHILIP	
STREET ADDRESS	1198 SADDLEHORN CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RALEY, CHRIS	
STREET ADDRESS	1126 SADDLEHORN CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Gonzalez	
STREET ADDRESS	1170 Saddlehorn Circle	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott McGrath	
STREET ADDRESS	1125 Saddlehorn Circle	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	St. Onge, Philip	
STREET ADDRESS	1198 Saddlehorn Circle	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED

Aut M. Yest

4.30.01

407.862.2250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 31, 2001 8:00 am
Secretary of State

06-08-2001 90161 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)