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2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2002 8:00 am Secretary of State

1. Entity Na	JMENT # 761766		• •	,		etary o 2002 90028 00		e 🏻	1.
TUSKA	WILLA RIDGE HOMEOWNERS	S ASSOCIATION, INC.		γ	03-02-	2002 90028 00	4 01.23		
Principal Pla	ace of Business	Mailing Address							
SUITE 100	MONTE DRIVE SPRINGS FL 32714	190 N. WESTMONTE DRIVE SUITE 100 ALTAMONTE SPRINGS FL 3: US	2714		ê kûûfin lûden di	KAT TIAN KARIZ ANTA ATIK A	ÁR GITU BIZA ZJON G	13H 41 4 D 1 10 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4. 1	4. FEI Number 65-0102284 Applied For Not Applicable				
Zip	Country	Zip	Country	5. (Certificate of Sta	atus Desired	\$8.75 A		7
	6. Name and Address of Curren	t Registered Agent	Name		Name and Add	ress of New Registe	ered Agent		7
			<u>- 4:</u>	<u> </u>				- `	
	LL, MARILYN ÆSTMONTE DRIVE	The second secon	Street	Address (P.O. B	lox Number is N	Not Acceptable)]_
SUITE 10	0								
ALTAMON	NTE SPRINGS FL 32714		City		-		FL Zip Cox	de	7
8. The above	e named entity submits this statement f	of the purpose of changing its r	egistered office	or registered age	ent, or both, in t	the state of Florida.			1
•	maria		0 00			111-	1.		l
SIGNATURE	Signature, typed or printed name of registe and agen	- Carrier Andrews	rele	ature required when re-	in delian)	4/1/	02		}
	The state of the s	7 (NOIE.	undrzielen wheis situs	TITLE LEGITLES MUSU 19			ATE		1
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	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co			00 May Be d to Fees		neck Payable Iment of Stat		
		Trust Fund Co	ntribution.	Addex	d to Fees	Depart	lment of Stat	e	
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DI	Trust Fund Co	ntribution.	Addex ADDITI	d to Fees		Iment of Stat	e v 10	1
TO. TITLE NAME	OFFICERS AND DI	Trust Fund Co	ntribution.	ADDITI	ONS/CHANGE	Depart S TO OFFICERS AN	lment of Stat	e	(9/01)
10. TITLE NAME STREET ADDRESS	OFFICERS AND DI D GONZALEZ, LUIS 1170 SADDLEHORN CIRCLE	Trust Fund Co	11. TITLE NAME STREET ADDRESS	ADDITI	ONS/CHANGE Laura	Depart S TO OFFICERS AN	D DIRECTORS IF	e v 10	
10. NITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D GONZALEZ, LUIS 1170 SADDLEHORN CIRCLE WINTER SPRINGS FL 32708	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added ADDITI SD LOCUS; 1150 5	ONS/CHANGE Laura	Depart S TO OFFICERS AN	D DIRECTORS IF	e 10 Addition	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DI D GONZALEZ, LUIS 1170 SADDLEHORN CIRCLE WINTER SPRINGS FL 32708 PT 1D	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITI	ons/change Laura Laura Gadeha Spring	Depart S TO OFFICERS AND SCO. CCC.	D DIRECTORS IF	e v 10	CR2E037 (9/01)
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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 original 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF BIGGING OFFICER OR DIRECT

sizalor

407-321-4500

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