

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90093 036 ****61.25

DOCUMENT # 761766

1. Entity Name
TUSKAWILLA RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**190 N. WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**190 N. WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US**

60028489



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0102284

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, MARILYN
190 N. WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32714**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete
NAME LOCUS, LAURA
STREET ADDRESS 1150 SADDLEHORN CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VD ☐ Change ☒ Addition
NAME Callahan, Thomas
STREET ADDRESS 1125 Saddlehorn Cr.
CITY-ST-ZIP Winter Springs, FL 32708

TITLE VD ☒ Delete
NAME MCGRATH, SCOTT
STREET ADDRESS 1125 SADDLEHORN CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE S/T/D ☐ Change ☒ Addition
NAME Callahan, Celia
STREET ADDRESS 1125 Saddlehorn Cr.
CITY-ST-ZIP Winter Springs, FL 32708

TITLE D ☐ Delete
NAME LOCUS, WILLIAM
STREET ADDRESS 1150 SADDLEHORN CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE D ☐ Change ☒ Addition
NAME Weathers, Melissa
STREET ADDRESS 1155 Saddlehorn Cr.
CITY-ST-ZIP Winter Springs, FL 32708

TITLE TD ☒ Delete
NAME ELY, CARMEN
STREET ADDRESS 1159 SADDLEHORN CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME MURPHY, KEVIN
STREET ADDRESS 1170 SADDLEHORN CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/06

(407) 977-7049