

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761766

FILED
Apr 13, 2009
Secretary of State

Entity Name: TUSKAWILLA RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

135 W. PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

135 W. PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 65-0102284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESIDENTIAL GROUP SOUTH, INC.
135 W. PINEVIEW ST
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: P () Delete
Name: CALLAHAN, THOMAS
Address: 1125 SADDLEHORN CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: STD () Delete
Name: CALLAHAN, CELIA
Address: 1125 SADDLEHORN CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: WEATHERS, MELISSA
Address: 1155 SADDLEHORN CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: CALLAHAN, THOMAS
Address: 1125 SADDLEHORN CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: PD (X) Change () Addition
Name: MURPHY, KEVIN
Address: 1170 SADDLEHORN CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD (X) Change () Addition
Name: PIGLETTI, DANIEL
Address: 1171 SADDLEHORN CIRCLE
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: KEVIN MURPHY

DP

04/13/2009

Electronic Signature of Signing Officer or Director

Date