

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90396 018 ****61.25

DOCUMENT # N00000007756

1. Entity Name
TUSCAWILLA TRACE HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
102 TRACE POINT
WINTER SPRINGS, FL 32708

Mailing Address
102 TRACE POINT
WINTER SPRINGS, FL 32708

50038883



2. Principal Place of Business

3. Mailing Address

PO BOX 196338

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112005

Chg-NP

CR2E037 (10/03)

City & State

City & State

WINTER SPRINGS, FL

4. FEI Number
59-3686363

Applied For

Not Applicable

Zip

Country

Zip

32708

Country

USA

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

LAWTHER, WENDELL
103 TERR POINT
WINTER SPRINGS, FL 32708

Name **LETENDRE, ROBERT**

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

113 VIEW POINT PLACE

City **WINTER SPRINGS**

FL

Zip Code

32708

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

Robert Letendre Treasurer

4/11/05

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 PD ☐ Delete
NAME MOEDER, PATRICK
STREET ADDRESS P.O. BOX 196338
CITY-ST-ZIP WINTER SPRINGS, FL 327196338

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

TITLE VPD ☐ Delete
NAME GULATI, ANIL
STREET ADDRESS P.O. BOX 196338
CITY-ST-ZIP WINTER SPRINGS, FL 327196338

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

TITLE TSD ☒ Delete
NAME LAWTHUR, WENDELL
STREET ADDRESS P.O. BOX 196338
CITY-ST-ZIP WINTER SPRINGS, FL 327196338

TITLE ☒ Change ☒ Addition
NAME **TSD**
NAME **LETENDRE, ROBERT**
STREET ADDRESS **PO BOX 196338**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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:

Robert Letendre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT LETENDRE
TREASURER

4/11/05

Date

407-327-4679

Daytime Phone #