2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Principal Place of Business 102 TRACE POINT WINTER SPRINGS, FL 32708 3. Mailing Address 102 TRACE POINT WINTER SPRINGS, FL 32708 5. Principal Place of Business 3. Mailing Address PO BOX 196338 Suite, Apt. #, etc. City & State WINTER SPRINGS, FL 32708 City & State WINTER SPRINGS, FL City & State WINTER SPRINGS, FL Signamus, Not Applied FL City & State WINTER SPRINGS, FL Signamus, Not Applied FL Signamus, Not Applied FL Signamus, Not Applied FL Signamus, Not Applied FL Signamus (Not Acceptable) Signamus (Not Engistered Agent signamus required when requising) DATE Signamus (Not Engistered Agent signamus required when requising) DATE	102 TRACE POINT WINTER SPRINGS, FL 32708 2. Principal Place of Business	102 WINT	g Address	DOCUMENT # N0000007756 1. Entity Name TUSCAWILLA TRACE HOMEOWNERS ASSOCIATION, INC.								
Suite. Apt. #, etc. O4112005 Chg-NP CR2E037 (10/03) Applied Fill Fill Fill Fill Fill Fill Fill Fil	·	· · · · · · · · · · · · · · · · · · ·	102 TRACE POINT				50038883					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4112005 Chg-NP CR2E037 (10/03) City & State WINTER SALINGS, FL Sip 3-3686363 Zip Country 3270 & Country USA S. Certificate of Status Desired Fee Required Fee Required Thank Point Place City WINTER SPRINGS, FL 32708 Street Address (P.O. Box Number is Not Acceptable) 13 VIEW POINT PLACE City WINTER SPRINGS FL Zip Code 3-270 B Signature Signature Signature Applied Fc Not Applied Fc Street Address (P.O. Box Number is Not Acceptable) 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. Lam familiar with, and acceptable of the obligations of registered agent. Signature Applied Fc Street Address (P.O. Box Number is Not Acceptable) 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. Lam familiar with, and acceptable of the obligations of registered agent. Signature Signature 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. Lam familiar with, and acceptable of the obligations of registered agent. Signature	Suite, Apt. #, etc.		PO BOX 196338									
VINTER SALINGS, FL 59-3686363 Not Application Saling Sal			Suite, Apt. #, etc.				04112005	Chg-NP	CR2E03	7 (10/03)		
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-6Name and Address of Current Registered Agent To Name and Address of New Registered Agent Name LETENDRE, ROBERT Street Address (P.O. Box Number is Not Acceptable) INSUIEW POINT PLACE City WINTER SPRINGS FL Zip Code 3.2708 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable agent. SIGNATURE LETENDRE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 113 VIEW POINT PLACE City WINTER SPRINGS FL Zip Code 3.2708 SIGNATURE LETENDRE, ROBERT STREET POINT PLACE 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 acceptable proposed in the obligations of registered agent.	Zip Country	32	708				5. Certificate	of Status Desired		\$8.75 Ad	ditional	
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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. Lam familiar with, and account the obligations of registered agent. SIGNATURE Law Alugarian Treasurer 4/11/05	103 TERR POINT			-								
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Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Fiorida Department of State	_	Due by May 1, 2005 Trust Fund Con										
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12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report 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 the corporation of 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 the corporation of 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 the corporation of 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 the corporation of the corpo

407-327-4679

ROBERT LETENDAE TREASURER