2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 8:00 am Secretary of State 01-18-2007 90105 009 ****61.25

1. Entity Name TUSCAWILLA TRACE HOMEOWNERS ASSOCIATION, INC.									01-18-2007	90103 00		01.23
102 TRACE POINT PO		PO BOX	Malling Address PO BOX 196338 WINTER SPRINGS, FL 32708		US				E 188 1 188 1 1 88 2			
2. Principal F	Place of Busin	ness - No P.O. Box#	3. Mailing	Address		_,						
Sulte, Apt. #, etc		Suite, Apt. #, etc.					01142007	Chg-NP	CR2E03	37 (12/06)		
City & State			City & State					4. FEI Numbe 59-368			1	ppked For lot Applicable
Zip	Country		Žip	Zip Co		ntry				\$8.75 Ad Fee Require		
	6. Name	and Address of Current	Registered A	gent				7. Name and	Address of New R	egistered A	Agent	
LETENDRE DORERT					}	Name						
LETENDRE, ROBERT 113 VIEW POINT PLACE WINTER SPRINGS, FL 32708						Street A	ddress (f	P O Box Numbe	er is Not Acceptable	2)		
						City				FL	Zip Co	de
# The above	named entit	ly submits this statement fo	r fre putnose	of changing its	tenletener	d office o	r redister	ed agent or bot	h in the State of Fig		amiliar with	and accept
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SIGNATURE.												
Circa traine											-	
	Signature, lyped	or printed harne of registered agent	and lifte if applicab	le (NOT	E Registered	Ageni signat	ture required	when reinstating)		DATE		
*	Filing Fe	e is \$61.25		9. Election Car Trust Fund (mpalgn Fir	nancing		\$5.00 May B Added to Fees	- 1	DATE lake check ida Depart		
	Filing Fe	e is \$61.25		9. Election Car	mpalgn Fir	nancing		\$5.00 May B Added to Fees	- 1	lake check ida Depart	lment of S	itate
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Indicated on this report or supplemental report is true and accurate and training signature shall have the same legal effect as if made under oath, that I am an effect or 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:

ROLL HOLLING POBLETS
SIGNATURE AND PYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REBERTS LETENDRE

1/13/2007

407-327-4679