

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007756

FILED
Jan 13, 2008
Secretary of State

Entity Name: TUSCAWILLA TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

102 TRACE POINT
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

PO BOX 196338
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 59-3686363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETENDRE, ROBERT
113 VIEW POINT PLACE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

TAYLOR, MILTON
102 VIEW POINT PLACE
WINTER SPRINGS, FL 32708 US

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: MILTON TAYLOR

01/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOENIG, PATTY
Address: PO BOX 96328
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TSD () Delete
Name: LETENDRE, ROBERT
Address: P.O. BOX 196338
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD () Delete
Name: MORAN, KIM
Address: PO BOX 196338
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: TAYLOR, MILTON
Address: P.O. BOX 196338
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD (X) Change () Addition
Name: GULATI, ANIL
Address: PO BOX 196338
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: MILTON TAYLOR

TSD

01/13/2008

Electronic Signature of Signing Officer or Director

Date