


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90225 034 \*\*\*\*61.25

**DOCUMENT # N01000004664**  
 1. Entity Name  
**TUSCAN RIDGE MASTER HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 1177 LOUISIANA AVE #208 WINTER PARK, FL 32789	Mailing Address 1177 LOUISIANA AVE #208 WINTER PARK, FL 32789
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**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3730425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 YEAGER, JEFFREY  
 1177 LOUISIANA AVE STE 208  
 WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YEAGER, JEFFREY 1177 LOUISIANA AVE STE 208 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FENN, RONALD E PO BOX 108 PAHOKEE, FL 33476 WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST YEAGER, JO ANN 1177 LOUISIANA AVE STE 208 GASSELBERRY, FL 32707 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** JO ANN YEAGER 4/29/04 407 740 7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #