

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 15, 2006
Secretary of State**

DOCUMENT# N02000005148

Entity Name: TUSKAWILLA OFFICE PARK OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**New Principal Place of Business:**2000 TOWN PLAZA COURT
WINTER SPRINGS, FL 32708**Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044**New Mailing Address:**2000 TOWN PLAZA COURT
WINTER SPRINGS, FL 32708

FEI Number: 82-0555217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HART, JAMES W
2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**GALLOWAY, MICHAEL
2000 TOWN PLAZA COURT
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: MICHAEL GALLOWAY

09/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: BARRETT, WILLIAM
Address: 1100 TOWN PLAZA CT., STE. 2000
City-St-Zip: WINTER SPRINGS, FL 32708Title: VPD () Delete
Name: GALLOWAY, MICHAEL
Address: 1100 TOWN PLAZA CT., STE. 2000
City-St-Zip: WINTER SPRINGS, FL 32708Title: SD () Delete
Name: WYBO, GREG
Address: 1100 TOWN PLAZA CT., STE. 2000
City-St-Zip: WINTER SPRINGS, FL 32708**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: SINGHOFEN, PETER J
Address: 3308 FISHERMANS COVE
City-St-Zip: WINTER PARK, FL 32792Title: VPD (X) Change () Addition
Name: SCHILKE, RICHARD
Address: 1089 CLINGING VINE PLACE
City-St-Zip: WINTER SPRINGS, FL 32708Title: STD (X) Change () Addition
Name: WHITE, MATT
Address: 255 WOODRIDGE DRIVE
City-St-Zip: GENEVA, FL 32732

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER J. SINGHOFEN

PD

09/15/2006

Electronic Signature of Signing Officer or Director

Date