

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005148

FILED  
Mar 16, 2007  
Secretary of State

**Entity Name:** TUSKAWILLA OFFICE PARK OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2000 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

2000 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

FEI Number: 82-0555217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLOWAY, MICHAEL  
2000 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SINGHOFEN, PETER J  
Address: 3308 FISHERMANS COVE  
City-St-Zip: WINTER PARK, FL 32792

Title: VPD ( ) Delete  
Name: SCHILKE, RICHARD  
Address: 1089 CLINGING VINE PLACE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: STD ( ) Delete  
Name: WHITE, MATT  
Address: 255 WOODRIDGE DRIVE  
City-St-Zip: GENEVA, FL 32732

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

03/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date