

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005148

FILED
Jan 19, 2009
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: STD (X) Change () Addition
Name: SINGHOFEN, PETER J
Address: 3308 FISHERMANS COVE
City-St-Zip: WINTER PARK, FL 32792

Title: PD (X) Change () Addition
Name: SCHILKE, RICHARD
Address: 1089 CLINGING VINE PLACE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD (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 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

STD

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date