

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04806

FILED
Jan 17, 2009
Secretary of State

Entity Name: TUSKABAY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4904 PETRA CT
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 196194
WINTER SPRINGS, FL 327196194 US

New Mailing Address:

FEI Number: 59-2258482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, ELLEN
4904 PETRA CT
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: CURTIS, WILLARD
Address: 4955 COURTLAND LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD () Delete
Name: DAVID, WENRICH
Address: 4981 COURTLAND LP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: SAPP, ELLEN
Address: 4904 PETRA CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: EULIANO, CAROLYN
Address: 4979 COURTLAND LP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHN, JACKSON
Address: 4957 COURTLAND LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD (X) Change () Addition
Name: JOSEPH, PERI
Address: 4983 COURTLAND LP
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: SD (X) Change () Addition
Name: EULIANO, CAROLYN
Address: 4979 COURTLAND LP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Change (X) Addition
Name: WENRICH, DAVID
Address: 4981 COURTLAND LOOP
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: ELLEN SAPP

TD

01/17/2009

Electronic Signature of Signing Officer or Director

Date