2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14946

FILED Jan 26, 2009 Secretary of State

Entity Name: TUSKAWILLA SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

POST OFFICE 195873

WINTER SPRINGS, FL 327195873

Current Mailing Address: New Mailing Address:

POST OFFICE 195873

WINTER SPRINGS, FL 327195873

FEI Number: 59-2677528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GOLDBERG, STUART I HINKLE, KAREN M

700 WYCKLIFFE PLACE 796 WINDWILLOW CIRCLE

WINTER SPRINGS, FL 32708 US 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: KAREN MARIE HINKLE 01/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PRES () Delete Title: PRES (X) Change () Addition

Name: GOLDBERG, STUART Name: HINKLE, KAREN M
Address: 700 WYCKLIFFE PLACE Address: 796 WINDWILLOW CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete Title: VP (X) Change () Addition
Name: RICCARD, KEN Name: MCFARLAND, JACQUELINE
Address: 698 SAMUEL SON CT Address: 673 WYCKLIFFE PLACE

Address: 698 SAMUELSON CT Address: 673 WYCKLIFFE PLACE
City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: TRES () Delete Title: TRES (X) Change () Addition

 Name:
 WELLS, TRACY
 Name:
 AKERS, BRENDA

 Address:
 656 WYCKLIFFE PLACE
 Address:
 705 WINDWILLOW CIRCLE

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 WINTER SPRINGS, FL 32708

Title: SECT () Delete Title: SECT (X) Change () Addition Name: HINKLE, KAREN Name: SIMON, PAUL

Address: 796 WINDWILLOW CIRCLE Address: 1139 WINDERWYCKE COURT
City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: DAL () Delete Title: DAL (X) Change () Addition

Name: SIMON, PAUL Name: WELLS, TRACY
Address: 1143 WINDERWYCKE CT Address: 656 WYCKLIFFE PLACE
City-St-Zip: WINTER SPRING, FL 32708 City-St-Zip: WINTER SPRING, 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: KAREN MARIE HINKLE PRES 01/26/2009

Electronic Signature of Signing Officer or Director

Date