2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14946

FILED Feb 15, 2011 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:

HINKLE, KAREN M 796 WINDWILLOW CIRCLE 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DAL

Name: HINKLE, KAREN M

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

Title: PRES

Name: WALDEN, TRISH

Address: 701 WINDWILLOW CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TRES

Name: AKERS, BRENDA

Address: 705 WINDWILLOW CIRCLE City-St-Zip: WINTER SPRINGS, FL 32708

Title: SECT

Name: SIMON, PAUL

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

Title: DAL

Name: DENNIS, PAUL

Address: 694 SAMUELSON COURT City-St-Zip: WINTER SPRING, FL 32708

Title: DAL

Name: FINCH, CHRIS

Address: 692 WYCKLIFFE PLACE
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA WALDEN PRES 02/15/2011