


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N23426 (2)**  
1. Corporation Name  
**TUSKAWILLA TRAILS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
116 E ALTAMONTE DRIVE SUITE 210 ALTAMONTE SPRINGS FL 32701 US		116 E ALTAMONTE DRIVE SUITE 210 ALTAMONTE SPRINGS FL 32701 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	11/12/1987	59-2760670
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22	27	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

**THOREEN, W. RICHARD**  
116 E ALTAMONTE DRIVE, SUITE 210  
~~SUITE 200~~ WINT  
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *W. Richard Thoreen* 1/6/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUDRA, STEPHEN</b>	1.2 NAME	<del>DUDRA, STEPHEN</del>
STREET ADDRESS	<b>184 CHEYENE TRAIL</b>	1.3 STREET ADDRESS	<del>184 Cheyenne Trail</del>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	1.4 CITY-ST-ZIP	<del>Winter Springs, FL 32708</del>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARONE, FRED</b>	2.2 NAME	
STREET ADDRESS	<b>339 MOHAWK TRAIL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARONE, FRED</b>	3.2 NAME	
STREET ADDRESS	<b>339 MOHAWK TRAIL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>308 PAWNEED TRAIL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKERY, JOHN</b>	5.2 NAME	<b>Becker, John</b>
STREET ADDRESS	<b>312 AROPAHO TRAIL</b>	5.3 STREET ADDRESS	<b>312 Aropano Trail</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	5.4 CITY-ST-ZIP	<b>Winter Springs, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOPKINS, CLAIRE</b>	6.2 NAME	<b>Margaret Bugbee</b>
STREET ADDRESS	<b>326 AROPAHO TRAIL</b>	6.3 STREET ADDRESS	<b>1098 Apache Trail</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	6.4 CITY-ST-ZIP	<b>Winter Springs, FL</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephan P. Beckery* 2/19/98 (407) 322 8414

CR2E037 (10/97)