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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N23426

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 |
| 21 | 26 | 11/12/1987 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-2760670 |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required |
| 24 | 25 | 6. Election Campaign Financing <input type="checkbox"/> - \$5.00 May Be Added to Fees |
| Country | 29 | Trust Fund Contribution <input type="checkbox"/> |
| 25 | 30 | |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| THOREEN, W. RICHARD 116 E ALTAMONTE DRIVE, SUITE 210 ALTAMONTE SPRINGS FL 32701 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City FL 85 Zip Code |

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 Richard W. Thoreen
 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 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P DUDRA, STEPHEN | 1.2 NAME | P Al White |
| STREET ADDRESS | 194 CHEYENE TRAIL | 1.3 STREET ADDRESS | 307 Arapaho Trail |
| CITY-ST-ZIP | WINTER SPRINGS FL | 1.4 CITY-ST-ZIP | Winter Springs, FL 32708 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VP BARONE, FRED | 2.2 NAME | VP Bob Bush |
| STREET ADDRESS | 339 MOHAWK TRAIL | 2.3 STREET ADDRESS | 314 Pawnee Trail |
| CITY-ST-ZIP | WINTER SPRINGS FL | 2.4 CITY-ST-ZIP | Winter Springs, FL 32708 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SD BARONE, FRED | 3.2 NAME | S. Awilda Rivera |
| STREET ADDRESS | 339 MOHAWK TRAIL | 3.3 STREET ADDRESS | 320 Arapaho Trail |
| CITY-ST-ZIP | WINTER SPRINGS FL | 3.4 CITY-ST-ZIP | Winter Springs, FL 32708 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TD GRAY, JOHN | 4.2 NAME | |
| STREET ADDRESS | 308 PAWNEED TRAIL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D BEECHER, JOHN | 5.2 NAME | |
| STREET ADDRESS | 312 APACHE TRAIL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D BUGBEE, MARGARET | 6.2 NAME | D Fred Barone |
| STREET ADDRESS | 1093 APACHE TRAIL | 6.3 STREET ADDRESS | 339 Mohawk Trail |
| CITY-ST-ZIP | WINTER SPRINGS FL | 6.4 CITY-ST-ZIP | Winter Springs, FL 32708 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(f), 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, with all other like empowered.

SIGNATURE: Awilda Rivera SIGNATURE REQUIRED 2-22-99 422-3996
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)