

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90141 015 ****61.25

DOCUMENT # N23426

1. Entity 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 32701-4323
 US

LUU4U130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

116 E Altamonte DRIVE
 Suite, Apt. #, etc. 210

116 E Altamonte DRIVE
 Suite, Apt. #, etc. 210

City & State
 Altamonte SPRINGS FL

City & State
 Altamonte Springs, FL

4. FEI Number
 59-2760670

Applied For
 Not Applicable

Zip Country
 32701 SEMINOLE

Zip Country
 32701-4323 SEMINOLE

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOREEN, W. RICHARD
 116 E ALTAMONTE DRIVE, SUITE 210
 ALTAMONTE SPRINGS FL 32701

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WHITE, AL	
STREET ADDRESS	307 APACHE TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BUSH, BOB	
STREET ADDRESS	314 PAWNEE TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, AWILDA	
STREET ADDRESS	320 APACHE TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRAY, JOHN	
STREET ADDRESS	308 PAWNEE TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEECHER, JOHN	
STREET ADDRESS	312 APACHE TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARONE, FRED	
STREET ADDRESS	339 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	

TITLE	P- GARY MIRAMONTI	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	319 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	VP- SHARON NOWACKI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	362 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	S- ANNMARIE WATERS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	338 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	TD- DRU LAMAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	359 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	D- Ted BRUNELLI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	305 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	PCH ARLES PICMONTESI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	313 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other live empowered.

SIGNATURE: Fred Barone, Acting Secretary Date: 3-15-2000 Daytime Phone #: 1-407-327-2552
 Signature and typed or printed name of signing officer or director

CR2E037 (9/99)