

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90058 042 ****61.25

0021537

DOCUMENT # N23426
 1. Entity Name
TUSKAWILLA TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 116 E ALTAMONTE DRIVE SUITE 210 ALTAMONTE SPRINGS FL 32701 US	Mailing Address 116 E ALTAMONTE DRIVE SUITE 210 ALTAMONTE SPRINGS FL 32701 US
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UUU18550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2760670** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
THOREEN, W. RICHARD
116 E ALTAMONTE DRIVE, SUITE 210
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent
 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 W. Richard Thoreen (NOTE: Registered Agent signature required when reinstating) DATE 1/23/01

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barne, Fred	
STREET ADDRESS	339 Mohawk Trail	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abelowitz, Leonard	
STREET ADDRESS	302 Arapaho Trail	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fallon, Patricia	
STREET ADDRESS	319 Mohawk Trail	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hannon Robert	
STREET ADDRESS	1072 Cheyenne Trail	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myrs Pat	
STREET ADDRESS	325 Arapaho 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 like empowered.
 SIGNATURE: Richard Thoreen Date 2-16-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 401-327-4874

CR2E037 (10/00)