

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90072 046 ****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
 US

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



DO NOT WRITE IN THIS SPACE

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

W. Richard Thoreen

1/14/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	B D	<input type="checkbox"/> Delete
NAME	MIRAMONTI, GARY	
STREET ADDRESS	319 MOHAWK TRAIL	<i>Change to D</i>
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARONE, FRED	
STREET ADDRESS	339 MOHAWK TRAIL	<i>Change to P</i>
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ABELOWITZ, LEONARD	
STREET ADDRESS	302 ARAPAHO TRAIL	<i>omit</i>
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAMAY, DRU	
STREET ADDRESS	359 MOHAWK TRAIL	<i>Keep TD</i>
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUNELLI, TED	
STREET ADDRESS	305 MOHAWK TRAIL	<i>omit</i>
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYRS, PAT	
STREET ADDRESS	325 ARAPCHO TRAIL	<i>Keep D</i>
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE	P-	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARONE, FRED	
STREET ADDRESS	339 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schalliol, Gene	
STREET ADDRESS	345 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAWCETTE, KAREN	
STREET ADDRESS	322 ARAPAHO TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAY, DRU	
STREET ADDRESS	359 MOHAWK TR.	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT FALLAN	
STREET ADDRESS	319 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY MIRAMONTI	
STREET ADDRESS	319 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, F. 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:

Signature of Barone, Fred, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 2002

Date

Daytime Phone #

CR2E037 (9/01)