


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90009 015 ****61.25

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
**359 MOHAWK TRAIL
 WINTER SPRINGS, FL 32708 US**

44043000



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07092004 Chg-NP CR2E037 (10/03)

City & State
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRAMONTI, GARY 319 MOHAWK TRAIL WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEE, LAMAY 359 MOHAWK WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD SUE, TWEEDT <input checked="" type="checkbox"/> Delete 303 MOUAWK TRAIL WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMAY, DRU <input type="checkbox"/> Delete 359 MOHAWK TRAIL WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD DOTTERER, DAVID <input type="checkbox"/> Delete 347 MOHAWK TRAIL WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM TIGHA, CHRISTERSON <input checked="" type="checkbox"/> Delete 363 MOUAWK TRAIL WINTER SPRINGS, FL 32708

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10



TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAT FALLAN 319 MOHAWK TRAIL WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LYNELL PACEY 1084 SHAWNEE TRAIL 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: *Pat Fallan* **7/09/04** **407.3278336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 359 MOHAWK TRAIL WINTER SPRINGS, FL 32708 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	COUNTRY
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE			
Signature: Typed or printed name of registered agent available		DATE	
Filing Fee is \$61.25 Due by September 8, 2004		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
PO	MIRAMONTI, GARY		
	019 MOHAWK TRAIL		
	WINTER SPRINGS, FL 32708		
VPO	LEE, LAMAY		
	359 MOHAWK		
	WINTER SPRINGS, FL 32708		
BMD	SUE, TWEEDT	SECRETARY/DIRECTOR	FAY FALLAW
	303 MOHAWK TRAIL		319 MOHAWK TRAIL
	WINTER SPRINGS, FL 32708		WINTER SPRINGS, FL 32708
TD	LAMAY, DRU		
	359 MOHAWK TRAIL		
	WINTER SPRINGS, FL 32708		
BMD	DOTTERER, DAVID		
	347 MOHAWK TRAIL		
	WINTER SPRINGS, FL 32708		
PM	TIGHA, CHRISTERSON	BOARD MEMBER/DIRECTOR	LYNELL PALM
	303 MOHAWK TRAIL		1084 SHAWNEE TRAIL
	WINTER SPRINGS, FL 32708		WINTER SPRINGS, FL 32708
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I hereby 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 as an attachment with an address, with all other like empowered.			
SIGNATURE: 		7/09/04 401,827,5384	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		DATE	

44049886

