


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90042 009 ****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**

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2. Principal Place of Business
 Suite, Apt. #, etc.
1015 MAITLAND CTR Commons BLVD

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

06302005 Chg-NP CR2E037 (10/03)

City & State
MAITLAND, FL

City & State
MAITLAND, FL

Zip
32751

Country
SEMINOLE

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
THOREEN, W. RICHARD
 Street Address (P.O. Box Number is Not Acceptable)
1015 MAITLAND CENTER COMMONS BLVD
 City
MAITLAND FL Zip Code
32751

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.

CHANGE OF ADDRESS ONLY

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
 Due by September 7, 2005**

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 TRAIL WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FALLAN, PAT 319 MOHAWK TRAIL WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMAY, DRU 359 MOHAWK TRAIL WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD DOTTERER, DAVID 347 MOHAWK TRAIL WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD PACEY, LYNELL 1084 SHAWNEE TRAIL WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **7/15/05** 467 327 8336
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #