

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23426

FILED
Feb 10, 2011
Secretary of State

Entity Name: TUSKAWILLA TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

800 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

319 MOHAWL TRAIL
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 59-2760670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOREEN, W. RICHARD
800 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MIRAMONTI, GARY
Address: 319 MOHAWK TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T
Name: SACCA, MARSHA
Address: 1080 CHEROKEE VILLAGE TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD
Name: FALLAN, PAT
Address: 319 MOHAWK TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V
Name: SACCA, JOE
Address: 1080 CHEROKEE VILLAGE TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D
Name: MYERS, PAT
Address: 325 ARAPAHO TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D
Name: MEHLER, ANNETTA
Address: 305 MOHAWK TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAT FALLAN

SD

02/10/2011

Electronic Signature of Signing Officer or Director

Date