

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23426

FILED  
Feb 02, 2012  
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:**

620 N. WYMORE RD. STE. 210  
MAITLAND, FL 32751 US

**Current Mailing Address:**

319 MOHAWL TRAIL  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

1080 CHEROKEE VILLAGETRAIL  
WINTER SPRINGS, FL 32708 US

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:**

THOREEN, W. RICHARD  
620 N. WYMORE RD., STE. 210  
MAITLAND, FL 32751 US

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:

02/02/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V  
Name: EVERT, JOE  
Address: 305 PAWNEE 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: D  
Name: WALTERS, WHITNEY  
Address: 1085 APACHE TRAIL  
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: D  
Name: MEHLER, BOB  
Address: 305 MOHAWK 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: JOE SACCA

P

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date