

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-07-2003 90992 006 ****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
**116 E ALTAMONTE DRIVE
SUITE 210
ALTAMONTE SPRINGS FL 32701
US**

2. Principal Place of Business

3. Mailing Address
359 MOHAWK TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WINTER SPRINGS FL

4. FEI Number **59-2760670**

Applied For
Not Applicable

Zip

Country

Zip

Country

32708

US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



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

SIGNATURE

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MIRAMONTI, GARY | |
| STREET ADDRESS | 319 MOHAWK TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | BARONE, FRED | |
| STREET ADDRESS | 339 MOHAWK TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | BARONE, FRED | |
| STREET ADDRESS | 339 MOHAWK TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | LAMAY, DRU | |
| STREET ADDRESS | 359 MOHAWK TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SCHALLIOL, GENE | |
| STREET ADDRESS | 345 MOHAWK TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MYRS, PAT | |
| STREET ADDRESS | 325 ARAPCHO TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIRAMONTI GARY | |
| STREET ADDRESS | 319 MOHAWK TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | VICE President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LAMAY Lee | |
| STREET ADDRESS | 359 MOHAWK | |
| CITY-ST-ZIP | WINTER SPRINGS 32708 | |
| TITLE | BOARD MEMBER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Tweedy Sue | |
| STREET ADDRESS | 303 MOHAWK TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | BOARD MEMBER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOTTERER DAVID | |
| STREET ADDRESS | 347 MOHAWK TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | BOARD MEMBER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHRISTERSON TISHA | |
| STREET ADDRESS | 363 MOHAWK TRAIL | |
| CITY-ST-ZIP | 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:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/03

**467-327
8336**

CRE037 (10/02)