

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90116 047 \*\*\*\*70.00

<b>DOCUMENT # N29426</b> 1. Entity Name TUSTENUGGEE HILLS OWNERS ASSOCIATION, INC.			
Principal Place of Business 1065 W PAPOOSE PLACE FT WHITE, FL 32038 US		Mailing Address 106 SW PAPOOSE PL FORT WHITE, FL 32038 US	
2. Principal Place of Business 917 SW Newton Circle Suite, Apt. #, etc.		3. Mailing Address 751 SW Newton Circle Suite, Apt. #, etc.	
City & State Fort White, FL Zip 32038		City & State Fort White, FL Zip 32038	
Country Columbia		Country Columbia	
4. FEI Number 59-2930326		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FISCHER, GLENN L 106 SW PAPOOSE PLACE FT. WHITE, FL 32038		7. Name and Address of New Registered Agent Name Bottomly, Marcus Street Address (P.O. Box Number is Not Acceptable) 917 SW Newton Circle City Fort White FL Zip Code 32038	
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 <u>Marcus Bottomly President Marcus Bottomly</u> 01/20/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. 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 P NAME FISCHER, GLENN L STREET ADDRESS 106 SW PAPOOSE PLACE CITY-ST-ZIP FT. WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	TITLE P NAME Bottomly, Marcus STREET ADDRESS 917 SW Newton Circle CITY-ST-ZIP FORT WHITE FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME MILLER, FRANCES STREET ADDRESS 751 SW NEWTON CIR CITY-ST-ZIP FORT WHITE, FL 32038	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FISCHER, LESIA G STREET ADDRESS 106 SW PAPOOSE PLACE CITY-ST-ZIP FORT WHITE, FL 32038	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NANCY, BROWN STREET ADDRESS 878 SW NEWTON CIRCLE CITY-ST-ZIP FT WHITE, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BOTTOMLY, MARCUS STREET ADDRESS 917 SW NEWTON CIRCLE CITY-ST-ZIP FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	TITLE D NAME Jordan, Kevin STREET ADDRESS 709 SW Newton Circle CITY-ST-ZIP Fort White, FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <u>Frances Miller</u> Frances Miller STD 1-20-06 386-255-5256 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			