

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N29426**

1. Entity Name  
**TUSTENUGGEE HILLS OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**751 SW NEWTON CR  
FT WHITE, FL 32038 US**

Mailing Address  
**751 SW NEWTON CR  
FT WHITE, FL 32038 US**



01172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2930326</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**BOTTOMLY, MARCUS  
917 SW NEWTON CIR  
FT. WHITE, FL 32038**

**DO NOT WRITE  
IN THIS SPACE**

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 restate)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOTTOMLY, MARCUS 917 SW NEWTON CIR FT. WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, FRANCES 751 SW NEWTON CIR FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, LESIA G 106 SW PAPOOSE PLACE FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY, BROWN 878 SW NEWTON CIRCLE FT WHITE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDON, KEVIN 709 SW NEWTON CIR FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000791125  
01/23/08-80061-017 70.00

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IN THIS SPACE**

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:** Frances Miller Frances Miller Jan. 18, 08 386-255-5256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #