2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N30701

1. Entity Name
TUSKARIDGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1350 ORANGE AVE STE 100 WINTER PARK, FL 32789	1350 ORANGE AVE STE 100 WINTER PARK, FL 32789

02132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2878562
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, ROGER V
ATTWOOD-PHILLIPS , INC
1350 ORANGE AVENUE STE 100
WINTER PARK, FL 32789

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HART, LISA
STREET ADDRESS	2151 CANDLERIDGE CT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	PD
NAME	EBBERS, JEFF
STREET ADDRESS	1052 KERWOOD CIR
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	TD
NAME	SCHICK, JACK
STREET ADDRESS	2410 BLOSSOMWOOD DR
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VD
NAME	EDWARDS, GEORGE
STREET ADDRESS	2242 BLOSSOMWOOD DR
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	SASSO, MICHAEL
STREET ADDRESS	932 KERWOOD CIR
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000481004
04/11/06-80015-009 61.25

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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: Jeffrey S. Ebbers 3-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #