2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N30701

Entity Name: TUSKARIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-2878562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
SUTHERLAND MANAGEMENT
107 N. LINE DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HART, LISA
Address: 2151 CANDLERIDGE CT
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete
Name: EBBERS, JEFF
Address: 1052 KERWOOD CIR
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete
Name: SMITH, TERESA
Address: 962 KERWOOD CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete
Name: EDWARDS, GEORGE
Address: 2242 BLOSSOMWOOD DR
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, TERESA
Address: 962 KERWOOD CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: VD (X) Change ( ) Addition
Name: EDWARDS, GEORGE
Address: 2242 BLOSSOMWOOD DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: SD (X) Change ( ) Addition
Name: EBBERS, JEFF
Address: 1052 KERWOOD CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: TD (X) Change ( ) Addition
Name: MCDERMOTT, JOE
Address: 1050 ALVINA LANE
City-St-Zip: OVIEDO, FL 32765 US

Title: D ( ) Change (X) Addition
Name: HART, LISA
Address: 2151 CANDLERIDGE COURT
City-St-Zip: OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TERESA SMITH PD 04/22/2008

Electronic Signature of Signing Officer or Director — Date