

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30701

FILED
Apr 13, 2009
Secretary of State

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: SMITH, TERESA
Address: 962 KERWOOD CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: LEONARD, GEORGE
Address: 2107 ELMCREST CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REED, ROBERT
Address: 2366 MID PINE 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: GEORGE LEONARD

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date