

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39913

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** TUSKAWILLA PALMS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

855 WINDCRST PLACE  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

855 WINDCRST PLACE  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 59-3034972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIFFITH, SCOTT  
855 WINDCREST PLACE  
WINTER SPRINGS, FL 32708 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: DVP ( ) Delete  
Name: BERRONG, ERIC  
Address: 859 WINDCREST PLACE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DST ( ) Delete  
Name: GRIFFITH, SCOTT  
Address: 859 WINDCREST PLACE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DP ( ) Delete  
Name: HERMANN, BOB  
Address: 1144 WOLDORF CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: HESTER, GARY  
Address: 1153 WALDROFF CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: GURSKY, ELIZABETH  
Address: 875 WINDCREST PL  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: SCOTT GRIFFITH

DST

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date