

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90240 048 ****61.25

DOCUMENT #

N41145 ✓

1. Corporation Name

ARBOR GLEN AT TUSCAWILLA HOMEOWNERS ASSOCIATION INC

537830 - 90240 - 48

Principal Place of Business

Mailing Address

2180 W SR 434
STE 5000
LONGWOOD FL 32779

2180 W SR 434
STE 5000
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/10/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3034018

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☒ DELETE
NAME VONWERDER, JOY
STREET ADDRESS 1120 ARBOR GLEN CIR
CITY-ST-ZIP WINTER SPRINGS FL 32708

1.1 TITLE STD ☐ Change ☒ Addition
1.2 NAME MOREO, DENISE
1.3 STREET ADDRESS 1138 ARBOR GLEN CIR
1.4 CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE PD ☐ DELETE
NAME TALSO, EMORY
STREET ADDRESS 1110 ARBOR GLEN CIR
CITY-ST-ZIP WINTER SPRINGS FL 32708

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME BRACCO, LARRY
STREET ADDRESS 1151 ARBOR GLEN CIR
CITY-ST-ZIP WINTER SPRINGS FL 32708

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME GREEN, CHARLES
3.3 STREET ADDRESS 1152 ARBOR GLEN CIR
3.4 CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)