

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90072 034 \*\*\*\*61.25

**DOCUMENT # N98000006355**

1. Entity Name  
**WICKLOW GREENS AT TUSCAWILLA COMMUNITY  
ASSOCIATION, INC.**



Principal Place of Business  
**165 W. SR. 434  
WINTER SPRINGS, FL 32708**

Mailing Address  
**P.O. BOX 915322  
LONGWOOD, FL 32791-5322**

**50008624**



01182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3543884**

Applied For  
☐ Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**NATIONAL ASSOCIATION MANAGEMENT COMPANY  
165 WEST STATE ROAD 434  
WINTER SPRINGS, FL 32708**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **BACK, TERRENCE**  
STREET ADDRESS **110 ASHFORD DR.**  
CITY- ST- ZIP **WINTER SPRINGS, FL 32708**

TITLE **DV** ☐ Delete  
NAME **PALMER, MARIA**  
STREET ADDRESS **303 BURLEIGH CT.**  
CITY- ST- ZIP **WINTER SPRINGS, FL 32708**

TITLE **SD** ☐ Delete  
NAME **ANDRE, GREG**  
STREET ADDRESS **212 STRATFORD DR.**  
CITY- ST- ZIP **WINTER SPRINGS, FL 32708**

TITLE **TD** ☐ Delete  
NAME **RAMSEY, WILLIAM**  
STREET ADDRESS **301 BORLEIGH CT.**  
CITY- ST- ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

12. 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 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:

*Marc A. Blum* Manager

1-26-05 407-327 5824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #