## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23426

Entity Name: TUSKAWILLA TRAILS HOMEOWNERS ASSOCIATION, INC.

FILED Feb 02, 2016 Secretary of State CC2235674958

## **Current Principal Place of Business:**

529 VERSAILLES DR., STE 103 MAITLAND. FL 32751

## **Current Mailing Address:**

1070 CHEYENNE TRAIL

WINTER SPRINGS. FL 32708 US

FEI Number: 59-2760670 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COLLING, LEE JAY 529 VERSAILLES DRIVE STE 103 MAITLAND, FL 32751 US

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

Officer/Director Detail:

Title V Title T

Name EVERT, JOE Name SACCA, MARSHA

Address 305 PAWNEE TRAIL Address 1080 CHEROKEE VILLAGE TRAIL

City-State-Zip: WINTER SPRINGS FL 32708 City-State-Zip: WINTER SPRINGS FL 32708

Title D Title F

Name WALTERS, WHITNEY Name SACCA, JOE

Address 1085 APACHE TRAIL Address 1080 CHEROKEE VILLAGE TRAIL

City-State-Zip: WINTER SPRINGS FL 32708 City-State-Zip: WINTER SPRINGS FL 32708

Title D Title [

NameMEHLER, BOBNameMEHLER, ANNETTAAddress305 MOHAWK TRAILAddress305 MOHAWK TRAIL

City-State-Zip: WINTER SPRINGS FL 32708 City-State-Zip: WINTER SPRINGS FL 32708

Title SECRETARY
Name FALLAN, PAT

Address 319 MOHAWK TRAIL

City-State-Zip: WINTER SPRINGS FL 32708

I hereby 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 all other like empowered.

SIGNATURE: PAT FALLAN SECRETARY 02/02/2016