

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N23426

**Entity Name:** TUSKAWILLA TRAILS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1065 MAITLAND CENTER COMMONS BLVD.  
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:**

CLAYTON & MCCULLOH  
1065 MAITLAND CENTER COMMONS BLVD.  
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:** RUSSELL KLEMM

04/18/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FLANAGAN, JUDITH  
Address        355 PAWNEE TRAIL  
City-State-Zip: WINTER SPRINGS FL 32708

Title            SECRETARY  
Name            BEDNAR, ROSEMARY  
Address        341 PAWNEE TRAIL  
City-State-Zip: WINTER SPRINGS FL 32708

Title            TREASURER  
Name            MAVROS, MARILYN  
Address        1082 CHEROKEE VILLAGE TRAIL  
City-State-Zip: WINTER SPRINGS FL 32708

Title            DIRECTOR  
Name            AFFIE, EVELYN  
Address        1095 APACHE TRAIL  
City-State-Zip: WINTER SPRINGS FL 32708

Title            VP  
Name            ROYAL, GLORIA  
Address        1094 CHEYENNE TRAIL  
City-State-Zip: WINTER SPRINGS FL 32708

Title            DIRECTOR  
Name            HORVATH, DAVID  
Address        357 PAWNEE TRAIL  
City-State-Zip: WINTER SPRINGS FL 32708

Title            DIRECTOR  
Name            HORVATH, VALERIE  
Address        357 PAWNEE 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:** ROSEMARY BEDNAR

SECRETARY

04/18/2022

Electronic Signature of Signing Officer/Director Detail

Date