2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State

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CITY-ST-7IP



TUSCANY AT HERON BAY HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 11784 WEST SAMPLE RD 11784 WEST SAMPLE RD **SUITE 103 SUITE 103** CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-1031392 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6... Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name UNITED COMMUNITY MGMT CORP Street Address (P.O. Box Number is Not Acceptable) 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 Zip Code City 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 9., Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (X) Change ☐ Addition TITLE Delete TITLE MOORE, SUZANNE NAME NAME STREET ADDRESS 5873 NW 120TH AVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP Delete TITLE Rivera, Weil Licharge MADDINE 5859 N.W. 119 th Dive TITLE NAME PANEBIANEO, MICHAEL NAME 5817 NW 119 TERR STREET ADDRESS STREET ADDRESS URAL Spings CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP ... Change Delete TITLE___ TITLE PARROTT, TERRI NAME 5741 W.W.119th STREET ADDRESS 5774 NW 120TH AVE STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-ZIP FL 33076 CJTY-ST-7IP ☐ Delete TITLE LAYNE, MICHAEL NAME NAME 5880 NW 120TH AVE STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33076 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete LOBL, JOSEPH NAME NAME 5720 NW 120TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR