2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N00000004924

Entity Name: TUSCANY AT HERON BAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11784 WEST SAMPLE RD
SUITE 103
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

11784 WEST SAMPLE RD
SUITE 103
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-1031392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED COMMUNITY MGMT CORP
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 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: GARY POLIAKOFF 04/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MOORE, SUZANNE
Address: 5873 NW 120TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PD ( ) Delete
Name: WEIL, RIVERA
Address: 5859 N. WILL 119TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD ( ) Delete
Name: HEMMERT, STEVEN
Address: 5741 N.W. 119TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: TD ( ) Delete
Name: LAYNE, MICHAEL
Address: 5880 NW 120TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete
Name: LOBL, JOSEPH
Address: 5720 NW 120TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: RIVERA, NEIL
Address: 5859 N. W. 119TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUZANNE MOORE TD 04/28/2009
Electronic Signature of Signing Officer or Director Date