FILED
03 NOV -3 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004924

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

300021578093
11/12/03--01002--028 **61.25

Principal Place of Business	Mailing Address
11575 HERON BAY BLVD. CORAL SPRINGS, FL 33076	24301 WALDEN CENTER DR., SUTIE 300 BONITA SPRINGS, FL 34134

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1031392 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HASTINGS, VIVIEN N WCI COMMUNITIES, INC. 34301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	Name: James NYQuist Street Address (P.O. Box Number is Not Acceptable): 11575 Heron Bay Blvd City: Coral Springs FL Zip Code: 33076

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: James NYQuist James NYQuist 9-3-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Initial or Amended UBR

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALUSKA, ANDRE 11575 HERON BAY BLVD. CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Maurice Tricarico 11575 Heron Bay Blvd Coral Springs FL 33076	☒ Change ☐ Addition President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMIETANA, MARK J 11575 HERON BAY BLVD. CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Neil Rivera Same	☐ Change ☐ Addition V.P
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STEPHENS, TODD 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles Hough Same	☐ Change ☐ Addition Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HALUSKA, ANDRE 11575 HERON BAY BLVD. CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Edward Michaels Same	☐ Change ☐ Addition Treasurer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMIETANA, MARK J 11575 HERON BAY BLVD. CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kevin Doss Same	☐ Change ☐ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Maurice Tricarico MAURICE TRICARICO 10/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone