2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006
Secretary of State

DOCUMENT# N01000003504

Entity Name: TUSCANY VILLAGE VACATION SUITES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6355 METRO W BLVD STE 180
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6355 METRO W BLVD STE 180
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 06-1638873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SLOAN, REBECCA
6355 METRO W BLVD STE 180
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KREIGER, KIM
Address: 6355 METRO W BLVD STE 180
City-St-Zip: ORLANDO, FL 32835

Title: DT ( ) Delete
Name: PIATT, RANDY
Address: 6355 METRO W BLVD STE 180
City-St-Zip: ORLANDO, FL 32835

Title: DV ( ) Delete
Name: KIRK, LARRY
Address: 6355 METRO W BLVD STE 180
City-St-Zip: ORLANDO, FL 32835

Title: DS ( ) Delete
Name: NEU, MARC
Address: 6355 METRO W BLVD STE 180
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: MILLER, PHIL
Address: 6355 METRO W BLVD STE 180
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DS (X) Change ( ) Addition
Name: O'CONNER, KAREN
Address: 6355 METRO W BLVD STE 180
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change ( ) Addition
Name: HOLLENBECK, RANDALL
Address: 6355 METRO W BLVD STE 180
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM KREIGER DP 07/24/2006

Electronic Signature of Signing Officer or Director — Date