


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

3 **FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90048 006 \*\*\*\*61.25

**DOCUMENT # N04000001650**  
 1. Entity Name  
**TUSCANY RESERVE GOLF CLUB, INC.**



Principal Place of Business  
 24301 WALDEN CENTER DR, STE 300  
 BONITA SPRINGS, FL 34134

Mailing Address  
 24301 WALDEN CENTER DR, STE 300  
 BONITA SPRINGS, FL 34134

66013631



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

02082005 Chg-NP CR2E037 (10/03)

4. FEI Number **20-0752611** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HASTINGS, VIVIEN N**  
 24301 WALDEN CENTER DR, STE 300  
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, RICHARD G JR	
STREET ADDRESS	24301 WALDEN CENTER DR, STE 300	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANABRIA, EDWARD	
STREET ADDRESS	24301 WALDEN CENTER DR, STE 300	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, MARION A II	
STREET ADDRESS	24301 WALDEN CENTER DR, STE 300	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, RICHARD G., JR.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANABRIA, EDWARD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRA, JEFF	
STREET ADDRESS	24301 WALDEN CENTER DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, SYLVIA	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 117, 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: Richard G. Newman Date: 03/21/05 Daytime Phone #: 239-947-2600