

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001650

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: TUSCANY RESERVE GOLF CLUB, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-0752611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DR, STE 300  
BONITA SPRINGS, FL 34134 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: VPD ( ) Delete  
Name: NEWMAN, RICHARD G JR  
Address: 24301 WALDEN CENTER DR, STE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD ( ) Delete  
Name: SANABRIA, EDWARD  
Address: 24301 WALDEN CENTER DR, STE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S ( ) Delete  
Name: KEITH, SYLVIA  
Address: 2020 CLUBHOUSE DR  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD (X) Delete  
Name: STEWART, MARION II  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (X) Change ( ) Addition  
Name: STEWART, MARION II  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

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: EDWARD SANABRIA

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date