

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001650

FILED
Apr 03, 2009
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:

16980 LIVINGSTON RD
NAPLES, FL 34110

Current Mailing Address:

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

New Mailing Address:

16980 LIVINGSTON RD
NAPLES, FL 34110

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:

GRABINSKI, MATTHEW
4001 TAMIAMI TRAIL N
NAPLES, FL 34103 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: MATTHEW GRABINSKI

04/03/2009

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FILTHAUT, RAINER
Address: 16980 LIVINGSTON RD
City-St-Zip: NAPLES, FL 34110

Title: DVP (X) Change () Addition
Name: MANGAN, JEFF
Address: 16980 LIVINGSTON RD
City-St-Zip: NAPLES, FL 34110

Title: DST (X) Change () Addition
Name: STEWART, MARION II
Address: 16980 LIVINGSTON RD
City-St-Zip: NAPLES, FL 34110

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: RAINER FILTHAUT

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date