2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001650

Entity Name: TUSCANY RESERVE GOLF CLUB, INC.

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

24301 WALDEN CENTER DR, STE 300 16980 LIVINGSTON RD BONITA SPRINGS, FL 34134 NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

24301 WALDEN CENTER DR, STE 300 16980 LIVINGSTON RD BONITA SPRINGS, FL 34134 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: Name and Address of New Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR, STE 300
BONITA SPRINGS, FL 34134 US
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: VPD () Delete Title: DP (X) Change () Addition

 Name:
 NEWMAN, RICHARD G JR
 Name:
 FILTHAUT, RAINER

 Address:
 24301 WALDEN CENTER DR, STE 300
 Address:
 16980 LIVINGSTON RD

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 City-St-Zip:
 NAPLES, FL 34110

Title: PD () Delete Title: DVP (X) Change () Addition

 Name:
 SANABRIA, EDWARD
 Name:
 MANGAN, JEFF

 Address:
 24301 WALDEN CENTER DR, STE 300
 Address:
 16980 LIVINGSTON RD

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 City-St-Zip:
 NAPLES, FL 34110

Title: STD () Delete Title: DST (X) Change () Addition

 Name:
 STEWART, MARION II
 Name:
 STEWART, MARION II

 Address:
 24301 WALDEN CENTER DR
 Address:
 16980 LIVINGSTON RD

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 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