

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005465

FILED
Feb 07, 2009
Secretary of State

Entity Name: TUSCANY COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3800 AGUALINDA BLVD.
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P O BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 90-0292182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: CHAD M. VAN TILBURG

02/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BILLINGS, GLENN
Address: 3800 AGUALINDA BLVD. #303
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: LOSURDO, ROCCO
Address: 3724 AGUALINDA BLVD #203
City-St-Zip: CAPE CORAL, FL 33914

Title: STD () Delete
Name: LOHR, GARY
Address: 100 TROY STREET
City-St-Zip: SENECA FALLS, NY 13148

Title: D () Delete
Name: DENNIS, SANDRA
Address: 3800 AGUALINDA BLVD. #302
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: DUTKA, JACKALINE
Address: 3800 AGUALINDA BLVD. #201
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GIANNELLI, ADRIENNE
Address: 3724 AGUALINDA BLVD. #101
City-St-Zip: CAPE CORAL, FL 33914

Title: VD (X) Change () Addition
Name: KIRKPATRICK, PATRICK
Address: 1771 DRAGONIA DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

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

Title: D (X) Change () Addition
Name: CUNNICK, JOHN
Address: 3724 AGUALINDA BLVD. #104
City-St-Zip: CAPE CORAL, FL 33914

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: ADRIENNE GIANNELLI

PD

02/07/2009

Electronic Signature of Signing Officer or Director

Date