

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90111 011 ****61.25

DOCUMENT # N00000004138

1. Entity Name

TUSCANY AT LAKE MARY HOMEOWNER'S ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**1416 CONCORD STREET EAST
ORLANDO FL 32803
US****P.O. BOX 531010
ORLANDO FL 32853-1010
US**

2. Principal Place of Business

165 W JR 434

3. Mailing Address

P.O. Box 915322

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER SPRINGS FL

City & State

Longwood FL

4. FEI Number

59-3662319

Applied For

Not Applicable

Zip

32708

Country

Seminole

Zip

32791-5322

Country

Seminole5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THE MELROSE CORPORATION
1416 CONCORD STREET EAST
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Street Address

National Association Management Company**165 W SR 434**

City

Winter Springs, FL 32708

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.

SIGNATURE

MARC A. Blum**2/5/2002**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DANA A	
STREET ADDRESS	237 WESTMONTE DRIVE #111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLS, ERIC K	
STREET ADDRESS	237 WESTMONTE DRIVE #111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HEATH, JERI-ANN	
STREET ADDRESS	237 WESTMONTE DRIVE #111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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 617, 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-02 407 327 5824

CR2E037 (9/01)