

3/19/

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-19-2002 90035 024 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H99000000687

1. Entity Name

TUSCANY POINTE PHASE II HOMEOWNERS ASSOC.

24622

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

135 W. Pineview Street

Suite, Apt. #, etc.

3. Mailing Address

135 W. Pineview street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ALTAMONTE SPRINGS, FLCity & State
ALTAMONTE SPRINGS, FL

4. FEI Number

59-3555648

Applied For

Not Applicable

Zip
32714Country
USZip
32714Country
US5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Presidential Group South, Inc.Street Address (P.O. Box Number is Not Acceptable)
135 W. Pineview StreetCity
Altamonte Springs FL Zip Code
32714**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Anthony Guadagnino, President 4/4/02

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARMEN DIAZ
STREET ADDRESS	7055 Carna Coourt
CITY-ST-ZIP	Orlando, FL 32807
TITLE	VD
NAME	Julia Berthinet
STREET ADDRESS	223 Seville Pointe Avenue
CITY-ST-ZIP	Orlando, 32807
TITLE	STD
NAME	Manual Cordova
STREET ADDRESS	202 Seville Pointe
CITY-ST-ZIP	Orlando, FL 32807
TITLE	D
NAME	Luis Rivera
STREET ADDRESS	239 Seville Pointe Avenue
CITY-ST-ZIP	Orlando, FL 32807
TITLE	D
NAME	Guillermo Perez
STREET ADDRESS	125 Seville Pointe Avenue
CITY-ST-ZIP	Orlando, FL 32807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen F. Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02 407-306-6208

Date

Daytime Phone #

CR2037B (12/01)