# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 13, 2006**
**Secretary of State**

DOCUMENT# N05000005930

**Entity Name:** TUSCAN WOOD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

155 ST. JOHNS BUSINESS PLACE
SUITE 201
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

155 ST. JOHNS BUSINESS PLACE
SUITE 201
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILBERT, JOHN T
155 ST. JOHNS BUSINESS PLACE
SUITE 201
ST. AUGUSTINE, FL 32095 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: HILBERT, JOHN T
Address: 1808 W. COBBLESTONE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VST ( ) Delete
Name: HILBERT, CLAUDINE
Address: 1808 W. COBBLESTONE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Delete
Name: HILBERT, JOHN CHADWICK
Address: 155 ST. JOHNS BUSINESS PLACE, SUITE 201
City-St-Zip: ST. AUGUSTINE, FL 32095

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition
Name: HILBERT, JOHN C CFO
Address: 155 ST. JOHNS BUSINESS PLACE, SUITE 201
City-St-Zip: ST. AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN C. HILBERT CFO 02/13/2006

Electronic Signature of Signing Officer or Director — Date