


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90343 009 ****61.25

DOCUMENT # N00000004138 1. Entity Name TUSCANY AT LAKE MARY HOMEOWNER'S ASSOCIATION, INC.								
Principal Place of Business 165 W SR 434 WINTER SPRINGS, FL 32708 US			Mailing Address P O BOX 915322 LONGWOOD, FL 32791-5322 US					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 197043 Suite, Apt. #, etc.		02022006 Chg-NP CR2E037 (11/05)				
City & State WINTER SPRINGS FL		4. FEI Number 59-3662319		Applied For <input type="checkbox"/> Not Applicable				
Zip 32719-7043		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent NATIONAL ASSOC MANAGEMENT COMPANY 165 W SR 434 WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name EPM SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 165 W. St. Rd. 434 City WINTER SPRINGS FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>[Signature]</i></u> 04/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOY, ROBERT 272 VIH TV SCANY LOOP LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YP COHEN, WARREN 482 Via Tuscany Loop LAKE MARY FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RESTICH, SUE 217 VIA RUSSO LANE LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES CODY 1012 Via Como Place LAKE MARY FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURRIE, STEWART 374 VIA TUSCANY LOOP LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sherrie Spears 489 Via Tuscany Loop LAKE MARY FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWE, LYNN 246 VIA RUSSO LANE LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, WARREN 482 VIA TUSCANY LOOP LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.								
SIGNATURE: <u><i>[Signature]</i></u> ROBERT HOY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				04/26/06 <small>Date</small>		407-327-5824 <small>Daytime Phone #</small>		