2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

					ci Cuui v	VI DUU		
DOCUMENT # N0000004138 1. Entity Name TUSCANY AT LAKE MARY HOMEOWNER'S ASSOCIATION, INC.				05-01-2006 90343 009 ****61.25				
165 W SR 434 P C		Mailing Address P 0 BOX 915322 LONGWOOD, FL 32791-532		(A)		H 8300 81830 H166 K161 M		
2. Principal Place of Business 3.		3. Mailing Address P.O. Box 19704	O. Box 197043					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022006 _C	hg-NP C	R2E037 (11/05)		
City & State		WINTER Spring	s FC	4. FEI Number 59-366231	19	<u> </u>	plied For t Applicable	
Zip	Country	32719-7043 S	Country ENINALE	5. Certificate of S	tatus Desired	\$8.75 Add		
	- 6. Name and Address of Current			7. Name and Add	iress of New Regis	tered Agent		
NATIONAL	_ ASSOC MANAGEMENT COM		Name EPM SERVICES IN.					
165 W SR WINTER S	434 BPRINGS, FL 32708		Street Address	(P.O. Box Number is	Not Acceptable)			
			City			Zjp Code		
			WINTE	e Springs	•	FL 3272	S.R	
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its regis	stered office or registe	ered agent, or both, in	the State of Florida			
	.							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	stered Agent signature require	ed when reinstating)	04/261	06 DATE		
	Filler Foods CC4 OC	9. Election Campaig	n Cinancina	#F 00	Maka	ohook navahla ta		
Filing Fee is \$61.25 Due by May 1, 2006			Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIF	RECTORS . 1	11.	ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTORS IN	10	
TITLE	P .	_ 40000	TITLE YP			Change	Addition	
name Street address	HOY, ROBERT 272 VIH TV SCANY LOOP	1		tEn WARRE				
CITY-ST-ZIP	LAKE MARY, FL 32746			L Via Tusca E MARY 1				
TITLE	VP	Delete	TITLE TO	= WARY	()4/90	Change	Addition	
NAME	RESTICH, SUE		NAME S/A	mes Cody	0	Change	Auguston	
STREET ADDRESS	217 VIA RUSSO LANE	:	STREET ADDRESS /0/:	2 Via Comi	Place			
CITY-ST-ZIP	EAKE MARY, FL 32746			ce Mary	FL 3274	6		
TITLE	T CONTRACT		TITLE S	rrie Spear		Change	Addition	
NAME	CURRIE, STEWART		NAME IS A o		< .		•	
STREET ADDRESS CITY-ST-ZIP	4		CARLET POOLEGE PIE	rne spean	J / _			
TITLE	374 VIA TUSCANY LOOP LAKE MARY, FL 32746	:	SINCE I ADDINESS 489	Via Tusca	ing woop	410		
	374 VIA TUSCANY LOOP LAKE MARY, FL 32746 S	∑ Delete	CITY-ST-ZIP Cal	Via Tusca Ke Mary	ing woop	<i>46</i> □ Change	Addition	
NAME	374 VIA TUSCANY LOOP LAKE MARY, FL 32746 S ROWE, LYNN	Delete	CITY-ST-ZIP Call	Via Tusca	ing woop		Addition	
STREET ADDRESS	374 VIA TUSCANY LOOP LAKE MARY, FL 32746 S ROWE, LYNN 246 VIA RUSSO LANE	Delete S	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Via Tusca	ing woop		Addition	
STREET ADDRESS CITY-ST-ZIP	374 VIA TUSCANY LOOP LAKE MARY, FL 32746 S ROWE, LYNN 246 VIA RUSSO LANE LAKE MARY, FL 32746	Delete	CITY-ST-ZIP CALE TITLE NAME STREET ADDRESS CITY-ST-ZIP	Via Tusca	ing woop	☐ Change		
STREET ADDRESS	374 VIA TUSCANY LOOP LAKE MARY, FL 32746 S ROWE, LYNN 246 VIA RUSSO LANE	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Via Tusca	ing woop		☐ Addition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/06

407-327-5824

Daytime Phone #