2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90202 021 ****61.25

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1. Entity Name
TUSCANY POINTE PHASE 2 HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714	135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714

02082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 90-0171293 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRESIDENTIAL GROUP SOUTH
135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VPD	☒ Delete	TITLE	PRES.	☐ Change ☒ Add
NAME	BAUMBACH, STEVE		NAME	GAZAR, Natalie	
STREET ADDRESS	243 SEVILLE POINTE AVE		STREET ADDRESS	101 Seville Point AVE.	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	ORLando, FL 32807	
TITLE	PD	☒ Delete	TITLE	VP	☐ Change ☒ Add
NAME	RYAN, JENNIFER		NAME	GUTIERREZ, Jessica	
STREET ADDRESS	7028 CARNA CT		STREET ADDRESS	100 Seville Point AVE.	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	ORLando, FL 32807	
TITLE	TD	☒ Delete	TITLE	SEC.	☐ Change ☒ Add
NAME	JACKSON, JOHNNY		NAME	DESEAL, Michelle	
STREET ADDRESS	109 SEVILLE POINTE AVE.		STREET ADDRESS	354 Seville Pointe AVE.	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	ORLando, FL 32807	
TITLE	SD	☒ Delete	TITLE	TRES.	☐ Change ☒ Add
NAME	GUTIERREZ, DIANNA		NAME	CORdova, Maribel	
STREET ADDRESS	333 SEVILLE POINTE AVE		STREET ADDRESS	202 Seville Pointe AVE.	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	ORLando, FL 32807	
TITLE	D	☒ Delete	TITLE	ARC.	☐ Change ☒ Add
NAME	TSAPOGAS, BILL		NAME	GUTERREZ, Jessica	
STREET ADDRESS	100 SEVILLE POINTE AVE		STREET ADDRESS	100 Seville Pointe AVE.	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	Orlando, FL 32807	
TITLE		☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Add
NAME			NAME	DAVILLA, JOSH	
STREET ADDRESS			STREET ADDRESS	231 Seville Pointe AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	ORLando, FL 32807	

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 11 above, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Natalie E Gazar 4.5.07 407.340.7721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #