

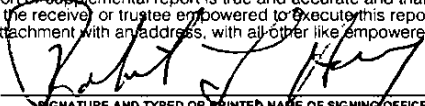


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90826 050 ****61.25

DOCUMENT # N00000004138					
1. Entity Name TUSCANY AT LAKE MARY HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 135 W. PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714 US			Mailing Address P.O. BOX 197043 WINTER SPRINGS, FL 32719-7043 US		
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 59-3662319				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRESIDENTIAL GROUP SOUTH, INC. 135 W. PINEVIEW ST. ALTAMONTE SP., FL 32714			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 _____ <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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VP NAME COHEN, WARREN STREET ADDRESS 482 VIA TUSCANY LOOP CITY-ST-ZIP LAKE HELEN, FL 32744	<input type="checkbox"/> Delete				
TITLE D NAME CODY, JAMES STREET ADDRESS 1012 VIA COMO PLACE CITY-ST-ZIP LAKE MARY, FL 32746	<input type="checkbox"/> Delete				
TITLE S NAME SPEARS, SHERNE STREET ADDRESS 489 VIA TUSCANY LOOP CITY-ST-ZIP LAKE MARY, FL 32746	<input type="checkbox"/> Delete				
TITLE S NAME ROWE, LYNN STREET ADDRESS 246 VIA RUSSO LANE CITY-ST-ZIP LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete				
TITLE D NAME COHEN, WARREN STREET ADDRESS 482 VIA TUSCANY LOOP CITY-ST-ZIP LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete				
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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 25 Apr 07 Daytime Phone #					