

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002005

FILED
Apr 27, 2009
Secretary of State

Entity Name: TUSCANY PRESERVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD.434
SUITE 203
LONGWOOD, FL 327504977

New Principal Place of Business:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759

Current Mailing Address:

PO BOX 197043
WINTER SPRINGS, FL 32719

New Mailing Address:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759

FEI Number: 20-4354721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON, LLC
390 WEST S.R. 434
SUITE 203
LONGWOOD, FL 327504977 US

Name and Address of New Registered Agent:

PARSONS, DEBORAH S
449 BAY LEAF DRIVE
KISSIMMEE, FL 34759 US

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: D PARSONS

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DAVENPORT, RICHARD
Address: 11860 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33325

Title: DVS () Delete
Name: GOLAN, AMNON
Address: 11860 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33325

Title: DT () Delete
Name: KLEIDER, ITZHAK
Address: 11860 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DAVENPORT, RICHARD
Address: 449 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: DVS (X) Change () Addition
Name: GOLAN, AMNON
Address: 449 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: DT (X) Change () Addition
Name: KLEIDER, ITZHAK
Address: 449 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD A DAVENPORT

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04/27/2009

Electronic Signature of Signing Officer or Director

Date