#### SIGNATURE: RON BLESSING

City-State-Zip: WINTER GARDEN FL 34778

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA	NOT FOR PROP	TT CORPORATION	ANNUAL REPORT

#### DOCUMENT# N0100007993

Entity Name: TUSCANY RIDGE HOMEOWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

13350 W. COLONIAL DRIVE SUITE 330 WINTER GARDEN, FL 34787

## **Current Mailing Address:**

SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL F LORIDA INC / PO BOX 783367 WINTER GARDEN, FL 34778 US

## FEI Number: 59-3754955

## Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL F LORIDA, INC. 13350 W. COLONIAL DRIVE SUITE 330 WINTER GARDEN, FL 34787 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:

Electronic Signature of Registered Agent

Officer/Director Detail :					
Title	DIRECTOR	Title	VP		
Name	KREH, DEAN	Name	KOLLEFRATH, JAMES (DAN)		
Address	PO BOX 783367	Address	PO BOX 783367		
City-State-Zip:	WINTER GARDEN FL 34778	City-State-Zip:	WINTER GARDEN FL 34778		
<b>T</b> :41 -		Title	SECRETARY		
Title	PRESIDENT	The	SECRETART		
Name	BLESSING, RON	Name	GAUL, BOB		
Address	PO BOX 783367	Address	PO BOX 783367		
City-State-Zip:	WINTER GARDEN FL 34778	City-State-Zip:	WINTER GARDEN FL 34778		
Title	TREASURER				
Name	PATEL, SIMA				
Address	PO BOX 783367				

I hereby 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 all other like empowered.

PRESIDENT

# FILED Apr 22, 2016 Secretary of State CC2970546648

Certificate of Status Desired: No

04/22/2016 Date

Date