

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006018

Entity Name: TUSCANY GLEN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**PROFESSIONAL COMMUNITY MANAGEMENT, INC.
786 BLANDING BLVD., SUITE 118
ORANGE PARK, FL 32065**Current Mailing Address:**TUSCANY GLEN HOA
P.O. BOX 66028
ORANGE PARK, FL 32065 US**FEI Number:** 20-4971756**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PERRY, ALAN
PROFESSIONAL COMMUNITY MANAGEMENT, INC.
786 BLANDING BLVD., SUITE 118
ORANGE PARK, FL 32065 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:** ALAN PERRY

03/31/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name PARIS, MARY
Address TUSCANY GLEN HOA
P.O. BOX 66028
City-State-Zip: ORANGE PARK FL 32065

Title VPD
Name HAMILTON, CHRISTINE
Address TUSCANY GLEN HOA
P.O. BOX 66028
City-State-Zip: ORANGE PARK FL 32065

Title TD
Name WILLIFORD, COURTNEY
Address TUSCANY GLEN HOA
P.O. BOX 66028
City-State-Zip: ORANGE PARK FL 32065

Title SD
Name WILSON, CAROLE
Address TUSCANY GLEN HOA
P.O. BOX 66028
City-State-Zip: ORANGE PARK FL 32065

Title D
Name TESTA, TINA
Address TUSCANY GLEN HOA
P.O. BOX 66028
City-State-Zip: ORANGE PARK FL 32065

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.

SIGNATURE: MARY PARIS

P

03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date