2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000687

Entity Name: TUSCANY POINTE PHASE 2 HOMEOWNERS' ASSOCIATION,

INC.

FILED Feb 08, 2016 Secretary of State CC5779375271

Current Principal Place of Business:

498 PALM SPRINGS DR STE 210 ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

498 PALM SPRINGS DR STE 210 ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 90-0171293 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIGNATURE MANAGEMENT SOLUTIONS LLC 498 PALM SPRINGS DR STE 210 ALTAMONTE SPRINGS, FL 32701 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: MARYJO LOCASCIO 02/08/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title S

Name DAVILA, JOSE Name CORDOVA, MANUEL

Address 498 PALM SPRINGS DR STE 210 Address 498 PALM SPRINGS DR STE 210

City-State-Zip: ALTAMONTE SPRINGS FL 32701 City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title P Title T

Name MILLER, RONALD Name SMITH, LAURA

Address 498 PALM SPRINGS DR STE 210 Address 498 PALM SPRINGS DR STE 210

City-State-Zip: ALTAMONTE SPRINGS FL 32701 City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D

Name DE SANTOS, MANUEL

Address 498 PALM SPRINGS DR STE 210
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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.

Electronic Signature of Signing Officer/Director Detail

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