

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739921

FILED  
Jan 19, 2005  
Secretary of State

**Entity Name:** TUSCANY TRAILS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 1133  
ORMOND BCH, FL 321751133

**New Principal Place of Business:**

1166 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**Current Mailing Address:**

P O BOX 1133  
ORMOND BCH, FL 321751133

**New Mailing Address:**

1166 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**FEI Number:** 59-1890625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BCH., FL 32115 US

**Name and Address of New Registered Agent:**

BARKIN, MICHELE J  
1166 PELICAN BAY DRIVE  
DAYTONA BCH., FL 32119 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: MICHELE J. BARKIN

01/19/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: GATES, DONNA  
Address: 4 STONE QUARRY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD ( ) Delete  
Name: WORNOCK, RICHARD  
Address: 7 FOX RUN  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete  
Name: REED, JUDY  
Address: 16 STONE QUARRY TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete  
Name: ALBERT, HELEN  
Address: 1 STONE QUARRY TR  
City-St-Zip: ORMOND BCH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HELEN ALBERT

T

01/19/2005

Electronic Signature of Signing Officer or Director

Date