2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# 739921

Entity Name: TUSCANY TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 59-1890625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: ZARINSKY, JOE
Address: 7 STONE QUARRY
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD (X) Change ( ) Addition
Name: ALBERT, HELEN
Address: 1 STONE QUARRY
City-St-Zip: ORMOND BEACH, FL 32174

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 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: HELEN ALBERT DP 01/18/2006

Electronic Signature of Signing Officer or Director — Date