



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 751602 1. Entity Name TUSCANY PLACE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1000 TUSCANY PLACE WINTER PARK, FL 32789 US		Mailing Address 1000 TUSCANY PLACE WINTER PARK, FL 32789 US	
DO NOT WRITE IN THIS SPACE		 02092005 No Chg-NP CR2E037 (10/03) 4. FEI Number 59-2963413 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGNER, JAMES B 225 E.ROBINSON ST.,#600 ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	TD SCHMID, PAUL 1000 TUSCANY PLACE WINTER PARK, FL 32789	<div style="font-family: monospace; font-size: 1.2em;">000000225959 12/11/05-80060-004 61.25</div> DO NOT WRITE IN THIS SPACE	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	D STEFANI, CATHERINE 1001 TUSCANY PLACE WINTER PARK, FL 32789		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	PD FREEMAN, NANCY M 1055 TUSCANY PL WINTER PARK, FL 32789		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	D COUTANT, ELLIE 1033 TUSCANY PLACE WINTER PARK, FL 32789		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	D MORGAN, PAUL 1056 TUSCANY PLACE WINTER PARK, FL 32789		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>			
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Paul E. Schmid</u> PAUL E. SCHMID		9 FEB 05 407 647 6538	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	