

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 24, 2006
Secretary of State**

DOCUMENT# 752566

Entity Name: TUSCANY PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**274 WILSHIRE BLVD
STE 282
CASSELBERRY, FL 32707 US**New Principal Place of Business:**4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US**Current Mailing Address:**274 WILSHIRE BLVD
STE 282
CASSELBERRY, FL 32707 US**New Mailing Address:**4004 EDGEWATER DRIVE
ORLANDO, FL 32704 US

FEI Number: 59-2073071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HALL, GEOFFREY W
C/O FLARENT INC
274 WILSHIRE BLVD STE 282
CASSELBERRY, FL 32707 US**Name and Address of New Registered Agent:**RIVERA, MARY L PRES
C/O ASSET REAL ESTATE INC
4004 EDGEWATER DRIVE
ORLANDO, FL 32804 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: MARY L RIVERA

07/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: HOPPER, MARGARET
Address: 600 NORTHERN WAY # 1703
City-St-Zip: WINTER SPRINGS, FL 32708 USTitle: VPD () Delete
Name: SMITH, GRACIA
Address: 1114 OSCELOT TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708 USTitle: SD () Delete
Name: BUONOCORE, FRANESKA
Address: 600 NORTHERNWAY, #1103
City-St-Zip: WINTER SPRINGS, FL 32708 USTitle: TD () Delete
Name: ARTHUR, LOUISE
Address: 600 NORTHERN WAY, #1105
City-St-Zip: WINTER SPRINGS, FL 32708 USTitle: D () Delete
Name: MACHIAL, MARIA
Address: 600 NORTHERN WAY, #1701
City-St-Zip: WINTER SPRINGS, FL 32708 US**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: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: MARGARET HOPPER

PRES

07/24/2006

Electronic Signature of Signing Officer or Director

Date