2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752566

FILED Apr 01, 2009 Secretary of State

Entity Name: TUSCANY PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4004 EDGEWATER DRIVE 5516 COMMERCE DRIVE ORLANDO, FL 32804 SUITE B100 ORLANDO, FL 32839 **Current Mailing Address:** New Mailing Address: P.O. BOX 568846 4004 EDGEWATER DRIVE ORLANDO, FL 32704 ORLANDO, FL 328568846 US FEI Number: 59-2073071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOLTERS, PAMELA C/O P&R HOUSING MANAGEMENT 5516 COMMERCE DR SUITE B100 ORLANDO, FL 32839 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GORDON, THERESA Name: Name: 600 NORTHERN WAY 1401 Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: Title: () Delete Title: () Change () Addition PAGEL, KAREN Name: Name: Address: 600 NORTHERN WAY 1406 Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: Title: STD () Delete Title: () Change () Addition ARTHUR, LOUISE Name: Name: Address: 600 NORTHERN WAY, #1105 Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: DEBELLES, GERAND Name: DEBELLES, GERARD 3799 CHARLESTON LOOP Address: 702 CARTER RD Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: OVIEDO, FL 34765 Title: () Delete Title: (X) Change () Addition RETHWILL, KATHLEEN THOMAS, PLATT Name: Name: 600 NORTHERN WAY #205 600 NORTHERN WAY #208 Address: Address: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THERESA GORDON PD 04/01/2009