

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752566

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** TUSCANY PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5516 COMMERCE DRIVE  
SUITE B100  
ORLANDO, FL 32839 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 568846  
ORLANDO, FL 328568846 US

**New Mailing Address:**

**FEI Number:** 59-2073071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLTERS, PAMELA  
C/O P&R HOUSING MANAGEMENT  
5516 COMMERCE DR SUITE B100  
ORLANDO, FL 32839 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: PD  
Name: GORDON, THERESA  
Address: 600 NORTHERN WAY #1401  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VPD  
Name: SPINA, ELIZABETH  
Address: 600 NORTHERN WAY #706  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: STD  
Name: ARTHUR, LOUISE  
Address: 600 NORTHERN WAY #1105  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D  
Name: PLATT, TOM  
Address: 600 NORTHERN WAY #208  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: THERESA GORDON

PD

04/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date