

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004138

FILED
Feb 10, 2009
Secretary of State

Entity Name: TUSCANY AT LAKE MARY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

135 W. PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 197043
WINTER SPRINGS, FL 327197043 US

New Mailing Address:

FEI Number: 59-3662319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESIDENTIAL GROUP SOUTH, INC.
135 W. PINEVIEW ST.
ALTAMONTE SP., FL 32714 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: VP () Delete
Name: COHEN, WARREN
Address: 482 VIA TUSCANY LOOP
City-St-Zip: LAKE HELEN, FL 327446

Title: SD () Delete
Name: CODY, JAMES
Address: 1012 VIA COMO PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: CURRIE, STEWART
Address: 374 VIA TUSCANY LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: PD () Delete
Name: HOY, ROBERT
Address: 272 VIA TUSCANY LOOP
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SALERNO, ALAN
Address: 416 VIA TUSCANY LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: SD (X) Change () Addition
Name: POWERS, RON
Address: 254 VIA TUSCANY LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: TD (X) Change () Addition
Name: THOMAS, ANDREW
Address: 267 VIA TUSCANY LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: PD (X) Change () Addition
Name: COHEN, WARREN
Address: 482 VIA TUSCANY LOOP
City-St-Zip: LAKE MARY, FL 32746

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: ALAN SALERNO

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date