2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State
05-22-2007 90013 023 ****70.00

DOCUMENT # N01000004117

1. Entity Name

THE VILLAGE AT TUSCAN RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 13191 CLERMONT FL 34714	P.O. BOX 13191 CLERMONT FL 34714

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
902 CORVINA DR	902 CORVINA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVENPORT, FL	City & State: DAVENPORT, FL
Zip: 33897 Country: USA	Zip: 33897 Country: USA

4. FEI Number: 59-3729423 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSENCRANS, WAYNE 1116 CORINA DR DAVENPORT FL 33897	Name: ROBERT LESLIE Street Address (P.O. Box Number is Not Acceptable): 228 CORVINA DR City: DAVENPORT FL Zip Code: 33897

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: Robert Leslie PRESIDENT 10-MAY-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARANCIBIA, LUIS 861 CORVINA DR DAVENPORT FL 33897	☒ Delete	D/P ROBERT LESLIE 228 CORVINA DR DAVENPORT, FL 33897	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCWILLIAMS, JEAN 124 CORVINA DR DAVENPORT FL 33897	☒ Delete	D/VP JOE LAWRENCE 1044 CORVINA DR, DAVENPORT, FL 33897	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRANT, GARY 840 CORVINA DR DAVENPORT FL 33897	☒ Delete	D/T WAYNE ROSENCRANS 1116 CORVINA DR DAVENPORT, FL 33897	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WAUGH, ANDREA 1137 CORVINA DR DAVENPORT FL 33897	☐ Delete	D/S ANDREA WAUGH 334 CORVINA DR DAVENPORT, FL 33897	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SGT RODRIQUEZ, LUIS 1044 CORVINA DR DAVENPORT FL 33897	☒ Delete	D KEVIN JAMESON 627 CORVINA DR DAVENPORT, FL 33897	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D/S JANIS YUNKER 407 CORVINA DR DAVENPORT, FL 33897	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Robert Leslie 10 MAY 2007 863-444-9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #