2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N01000004117

Entity Name: THE VILLAGE AT TUSCAN RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

902 CORVINA DR.
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

902 CORVINA DR.
DAVENPORT, FL 33897

New Mailing Address:

FEI Number: 59-3729423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, GWYNETTA S
606 CORVINA DRIVE
DAVENPORT, FL 33897 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: DP ( ) Delete
Name: STEVENS, GWYNETTA S
Address: 606 CORVINA DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: DVP ( ) Delete
Name: YUNKER, JANIS
Address: 1107 CORVINA DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: DTS ( ) Delete
Name: DERIVAL, PATRICIA
Address: 126 CORVINA DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Delete
Name: WAUGH, ANDREA
Address: 534 CORVINA DR.
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Delete
Name: CARTER, KIMBERLY
Address: 208 CORVINA DRIVE
City-St-Zip: DAVENPORT, FL 33897

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 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: GWYNETTA S STEVENS DP 04/27/2009

Electronic Signature of Signing Officer or Director — Date