

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 06, 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 (X)****Name and Address of Current Registered Agent:**STEVENS, GWYNETTA S
606 CORVINA DRIVE
DAVENPORT, FL 33897 US**Name and Address of New Registered Agent:**DERIVAL, PATRICIA
126 CORVINA DRIVE
DAVENPORT, FL 33897 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: PATRICIA DERIVAL

10/06/2009

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: DP (X) Change () Addition
Name: HALLIDAY, WILLIAM
Address: 249 CORVINA DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: DVP (X) Change () Addition
Name: PROVETTO, BAILEY
Address: 657 CORVINA DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEVENS, GWYNETTA
Address: 606 CORVINA DRIVE
City-St-Zip: DAVENPORT, FL 33897

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: PATRICIA DERIVAL

DTS

10/06/2009

Electronic Signature of Signing Officer or Director

Date