

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 18, 2011
Secretary of State

DOCUMENT# N01000004117

Entity Name: THE VILLAGE AT TUSCAN RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8297 CHAMPIONS GATE BLVD #518
CHAMPIONS GATE, FL 33896**New Principal Place of Business:****Current Mailing Address:**8297 CHAMPIONS GATE BLVD #518
CHAMPIONS GATE, FL 33896**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:**LESLIE, ROBERT
228 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
Name: WINTON, VIC
Address: 921 DOLCETTO DRIVE
City-St-Zip: DAVENPORT, FL 33897**Title:** DVP
Name: BRAGG, SCOTT
Address: 117 CORVINA DRIVE
City-St-Zip: DAVENPORT, FL 33897**Title:** DST
Name: LESLIE, CLARINE
Address: 228 CORVINA DRIVE
City-St-Zip: DAVENPORT, FL 33897**Title:** D
Name: JAMESON, KEVIN
Address: 627 CORVINA DRIVE
City-St-Zip: DAVENPORT, FL 33897**Title:** D
Name: WAUGH, ANDREA
Address: 534 CORVINA DRIVE
City-St-Zip: DAVENPORT, FL 33897

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: CLARINE LESLIE

DST

04/18/2011

Electronic Signature of Signing Officer or Director

Date