

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004664

FILED
Apr 18, 2011
Secretary of State

Entity Name: TUSCAN RIDGE MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

932 CORVINA DRIVE
DAVENPORT, FL 33897 US

New Principal Place of Business:

8297 CHAMPIONS GATE BLVD #518
CHAMPIONS GATE, FL 33896 US

Current Mailing Address:

932 CORVINA DRIVE
DAVENPORT, FL 33897 US

New Mailing Address:

8297 CHAMPIONS GATE BLVD #518
CHAMPIONS GATE, FL 33896 US

FEI Number: 59-3730425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LESLIE, ROBERT
228 CORVINA DR.
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: DPT
Name: WINTON, VIC
Address: 8297 CHAMPIONS GATE BLVD #518
City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: DVP
Name: BEYER, FRED
Address: 8297 CHAMPIONS GATE BLVD #518
City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: DS
Name: LESLIE, CLARINE
Address: 8297 CHAMPIONS GATE BLVD #518
City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: D
Name: BRAGG, SCOTT
Address: 8297 CHAMPIONS GATE BLVD #518
City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: D
Name: JAMESON, KEVIN
Address: 8297 CHAMPIONS GATE BLVD #518
City-St-Zip: CHAMPIONS GATE, FL 33896 US

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

DS

04/18/2011

Electronic Signature of Signing Officer or Director

Date