

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90069 018 \*\*\*\*61.75

<b>DOCUMENT # N01000004665</b>					
<b>1. Entity Name</b> COUNTRYSIDE AT TUSCAN RIDGE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> P.O. BOX 136963 CLERMONT, FL 34713-6963 US			<b>Mailing Address</b> P.O. BOX 136963 CLERMONT, FL 34713-6963 US		
<b>2. Principal Place of Business</b> 101 SAN GIOVANESE CROSSING Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> DAVENPORT FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3730427	
<b>Zip</b> FL 33897		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MOSS, DARRELL 319 DOLCETTO DR DAVENPORT, FL 33897			<b>7. Name and Address of New Registered Agent</b> Name: ROGER WOOD Street Address (P.O. Box Number is Not Acceptable): 309 DOLCETTO DR City: DAVENPORT FL Zip Code: 33897		
<b>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.</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <b>SIGNATURE</b>    <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> <b>President</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;">                 March 8, 2006  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP <b>NAME</b> MOSS, DARRELL <b>STREET ADDRESS</b> 319 DOLCETTO DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DP <b>NAME</b> ROGER WOOD <b>STREET ADDRESS</b> 309 DOLCETTO DR <b>CITY-ST-ZIP</b> DAVENPORT FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> ALLEN, TOM <b>STREET ADDRESS</b> 318 DOLCETTO DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33897	<input type="checkbox"/> Delete		<b>TITLE</b> DS <b>NAME</b> MICHELE JOSEPH <b>STREET ADDRESS</b> 124 DOLCETTO DR <b>CITY-ST-ZIP</b> DAVENPORT FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DS <b>NAME</b> GATES, RUSSELL <b>STREET ADDRESS</b> 347 MOSCATO DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33897	<input type="checkbox"/> Delete		<b>TITLE</b> DS <b>NAME</b> DAVE READ <b>STREET ADDRESS</b> 358 DOLCETTO DR <b>CITY-ST-ZIP</b> DAVENPORT FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> WAGER, BETTE <b>STREET ADDRESS</b> 154 DOLCETTO DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33897	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> RUSSELL GATES <b>STREET ADDRESS</b> 347 MOSCATO DR <b>CITY-ST-ZIP</b> DAVENPORT FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DIAZ, WILFREDO <b>STREET ADDRESS</b> 308 DOLCETTO DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33897	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> WOOD, ROGER W <b>STREET ADDRESS</b> 309 DOLCETTO DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33897	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <b>BETTE WAGER, TREAS.</b> <b>03/08/06</b> <b>862-424-9249</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					