2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # N01000004665** COUNTRYSIDE AT TUSCAN RIDGE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 136963 P.O. BOX 136963 CLERMONT, FL 34713-6963 US CLERMONT, FL 34713-6963 US 2. Principal Place of Business 3. Mailing Address OHIZZOND BEBUOLDING Suite, Apt. #, etc. Suite, Apt. #, etc.

20	06 NOT-FOR-PRO ANNUAL		Mar 13, 2006 8:00 am Secretary of State					
1. Entity Nam COUNTR	MENT # N01000004 NYSIDE AT TUSCAN RIDGE ATION, INC.			03-13-2006 90069 018 ****61.75				
Principal Place of Business Mailing Address P.O. BOX 136963 P.O. BOX 136963 CLERMONT, FL 34713-6963 US CLERMONT, FL 347			963 US	L CENTRAL DEL COMPLICATO AGUA DANA DEMA ESPAN BRANG ANAM GURA GALAGO DA LEGA				
101 SA	Place of Business WALDUGE CROSSING	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006 Chg-NP CR2E037 (11/05)				
City & State DAN EN PORT FL		City & State		4. FEI Number Applied For 59-3730427 Not Applicable				
Zip Country		Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MOSS, DARRELL 319 DOLCETTO DR DAVENPORT, FL 33897				Name ROGER WODD Street Address (P.O. Box Number is Not Acceptable)				
				SON DOLCETTO DR City DANENPORT FL Zip Code 33897				
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 ingistered agent. SIGNATURE Signature, hipsed or printed name of registered agent and title it splittcated. (NOTE: Registered Agent signature required when reinstating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees Horida Department of State				
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSS, DARRELL 319 DOLCETTO DR DAVENPORT, FL 33897	©X Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCER WOOD 309 DOLGETTS DE DAUS MOORT FL 33897				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALLEN, TOM 318 DOLCETTO DR DAVENPORT, FL 33897	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	MICHELE TOSEPH Addition (24 DOLCETTO BE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GATES, RUSSELL 347 MOSCATO DR DAVENPORT, FL 33897	□ Detete	TITLE NAME STREET ADDRESS	351 00000				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WAGER, BETTE 154 DOLCETTO DR DAVENPORT, FL 33897	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	207 102				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, WILFREDO 308 DOLCETTO DR DAVENPORT, FL 33897	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAJEJ PORT FL 33897 ☐ Change ☐ Addition				

TITLE) OP	∑X Delete	TITLE	IDP	Change	Addition			
NAME	MOSS, DARRELL	• • • • • • • • • • • • • • • • • • • •	NAME	ROCER WOOD	-	_			
STREET ADDRESS	319 DOLCETTO DR		STREET ADDRESS	309 DOLGETTO DE	•				
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP	DAUGHPORT FL 33897					
TITLE	DV	☐ Delete	TITLE DS	MICHELE JOSEPH	X Change	☐ Addition			
NAME	ALLEN, TOM		NAME			_			
STREET ADDRESS	318 DOLCETTO DR		STREET ADDRESS	(24 DOLCETTO BE					
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP	DAVENPORT FL 33897					
TITLE	DS	☐ Delete	TITLE	DS	24 Change	☐ Addition			
NAME	GATES, RUSSELL		NAME	DAVE READ					
STREET ADDRESS	347 MOSCATO DR		STREET ADDRESS	358 DOLCETTO DE					
CITY-ST-ZIP	DAVENPORT, FL 33897	-	CITY-ST-ZIP	DAVENDORT FL 31897					
TITLE	DT	☐ Delete	TILE	D	₹ZI Change	Addition			
NAME	WAGER, BETTE		NAME	RESSELL GATES	Change				
STREET ADDRESS	154 DOLCETTO DR		STREET ADDRESS	347 MOSCATO DE					
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP	DAVEN PORT FL 33897					
TITLE	D	☐ Delete	TITLE		☐ Change	Addition			
NAME	DIAZ, WILFREDO		NAME						
STREET ADDRESS	308 DOLCETTO DR		STREET ADDRESS						
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP						
TITLE .	Đ	☐ Delete	HILE		Change	Addition			
NAME	WOOD, ROGER W		NAME						
STREET ADDRESS	309 DOLCETTO DR		STREET ADDRESS						
CITY-ST-ZIP	DAVENPORT, FL 33897	i	CITY-ST-ZIP						
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 coord in this report or supplemental coord in this report of supplemental coord in this suppl									

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 cath; 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. SIGNATURE AND TYPED OR PRINTESHAME OF SIGNING OFFICER OR DIRECTOR 02(08/06 862-424-9249 SIGNATURE: