

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004665

FILED  
May 03, 2008  
Secretary of State

**Entity Name:** COUNTRYSIDE AT TUSCAN RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

101 SANSIOVESE CROSSING  
DAVENPORT, FL 33897 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 136963  
CLERMONT, FL 347136963 US

**New Mailing Address:**

**FEI Number:** 59-3730427      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WOOD, ROGER  
309 DOLCETTO 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: DP ( ) Delete  
Name: WOOD, ROGER  
Address: 309 DOCETTE DR  
City-St-Zip: DAVENPORT, FL 33897

Title: DV ( ) Delete  
Name: DIAZ, WILFREDO  
Address: 308 DOLCETTO DR  
City-St-Zip: DAVENPORT, FL 33897

Title: DS ( ) Delete  
Name: READ, DAVE  
Address: 358 DOLCETTO DR  
City-St-Zip: DAVENPORT, FL 33897

Title: DT ( ) Delete  
Name: WOOD, ROGER W  
Address: 309 DOLCETTO DRIVE  
City-St-Zip: DAVENPORT, FL 33897

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DV (X) Change ( ) Addition  
Name: PLUMLEY, BARRY  
Address: 318 DOLCETTO DRIVE  
City-St-Zip: DAVENPORT, FL 33897

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

Title: DT (X) Change ( ) Addition  
Name: IRIZARRY-MOSS, IVETTE  
Address: 319 DOLCETTO 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: IVETTE IRIZARRY-MOSS

DT

05/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date