

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007993

FILED
Jan 08, 2009
Secretary of State

Entity Name: TUSCANY RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5401 S KIRKMAN RD
SUITE 450
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5401 S KIRKMAN RD
SUITE 450
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3754955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS INC.
5401 S KIRKMAN RD
SUITE 450
ORLANDO, FL 32819 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: P () Delete
Name: PETRONIO, MARTHA
Address: 1230 BELITORE WAY
City-St-Zip: WINDERMERE, FL 34786

Title: VD () Delete
Name: WILES, RON
Address: 9119 PANZINI PLACE
City-St-Zip: WINDERMERE, FL 34786

Title: ST () Delete
Name: FEELEY, MARGARET
Address: 1319 BELIORE WAY
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PETRONIO, MARTHA
Address: 1230 BELFIORE WAY
City-St-Zip: WINDERMERE, FL 34786

Title: VP (X) Change () Addition
Name: WILES, RON
Address: 9119 PANZINI PLACE
City-St-Zip: WINDERMERE, FL 34786

Title: ST (X) Change () Addition
Name: FEELEY, MARGARET
Address: 1319 BELFIORE WAY
City-St-Zip: WINDERMERE, FL 34786

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: MARTHA PETRONIO

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date