

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006444

FILED
Jan 28, 2009
Secretary of State

Entity Name: LAKE TUSCANY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2417 SE DIXIE HIGHWAY
STUART, FL 34994

New Principal Place of Business:

969 SOUTH FEDERAL HIGHWAY
SUITE #401
STUART, FL 34994

Current Mailing Address:

2417 SE DIXIE HIGHWAY
STUART, FL 34994

New Mailing Address:

969 SOUTH FEDERAL HIGHWAY
SUITE #401
STUART, FL 34994

FEI Number: 86-1063140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT, WILLIAM N ESQ.
901 MARTIN DOWNS BLVD.
SUITE 208
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

HARRISON, DIANE D
969 SOUTH FEDERAL HIGHWAY.
SUITE #401
STUART, FL 34994 US

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: DIANE D. HARRISON

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DENINO, ENZA
Address: 1981 PANTHER TRACE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: LIPARI, NICK
Address: 1963 PANTHER TRACE
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: ADAMO, LILY
Address: 8346 SW SUNDANCE CT
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: SANDERS, CHRIS
Address: 1958 SW PANTHER TRACE
City-St-Zip: STUART, FL 34997

Title: DS () Delete
Name: RALDIRIS, PAM
Address: 2042 SW PANTHER TRACE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ENZA DENINO

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date