2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N02000007175 01-10-2005 90025 036 ****61.25 TOWNHOMES AT TUSCANY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1220 E. LIVINGSTON STREET 1220 E. LIVINGSTON STREET 66002584 ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address 1742 INDIANA AVE 1742 INDIANA AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Cha-NP . CR2E037 (10/03) City & State 4. FEI Number 20-0113555 Applied For City & State WINTER PARK. INTER PARK. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ้าธา USA us A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -KERRY-HERRILLAN MILLER JORDAN'S Street Address (P.O. Box Number is Not Acceptable) 1220 E. LIVINGSTON STREET ORLANDO, FL 32803 City WI NTER Zip Code 32789 PARK 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 egent. KERRY MERRIGAN SIGNATURE Make checkipay Filing Fee is \$81.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. KERRY MERRICAN Delete TITLE TITLE MILLER, JORDAN S NAME NAME 1742 INDIANA AVE STREET ADORESS 1220 E. LIVINGSTON STREET STREET ADDRESS WINTER PARK, FL , 32789 ORLANDO, FL 32803 CITY-ST-7/P CITY-ST-7IP BESSIE NEWMAN Delete me 1746 INDIANA AVE MILLER, BARRY NAME MALIF WINTER PARK, FL. 32789 STREET ADORESS 10 SUMMERLIN STREET ADDRESS CITY-ST-72 ORLANDO, FL 32801 CITY-ST-ZIP CHRISTOPHER CERRONI Tichance TITLE □ Delete TITLE KARA, MICHAE NAME NAME 1748 INDIANA AVE STREET ADDRESS 1220 E. LIVINGSTON ST. STREET ADDRESS WINTER PARK, FL., 32789 CITY-ST-7IP ORLANDO, FL 32803 CITY-ST-ZIP TITLE TITLE ☐ Chance ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE Change ☐ Addition NAME NALE STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 receiveryor trustee epipowered to execute this report as required by Chapter 817, 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. 115105 SGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR 4076292746

FILED

Feb 24, 2005 8:00 am

Daytime Phone #