


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90032 016 ****61.25

DOCUMENT # N03000001316 1. Entity Name TUSCANY VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4566 S.E. 5TH PLACE CAPE CORAL, FL 33904 US		Mailing Address 20 SPORTSMAN WAY ROTONDA WEST, FL 33947 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. POB 100399		3. Mailing Address Suite, Apt. #, etc. POB 100399	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL	
Zip 33910		Zip 33910	
4. FEI Number 46-1650491 43-2068741		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONARRO, JOHN 20 SPORTSMAN WAY ROTONDA WEST, FL 33947		7. Name and Address of New Registered Agent Name: SUSAN KASE Street Address (P.O. Box Number is Not Acceptable): 40 AMERICAN CONDO MGMT 615 CAPE CORAL PKWY W. # 103 City: CAPE CORAL FL Zip Code: 33914	
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 agent. SIGNATURE: <u>Susan Kase</u> <u>Susan Kase</u> <u>4/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CONARRO, JOHN 12657 BRANFORD ST CARMEL, IN 46032	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HILBERT, CLARENCE 9316 XYLON CIRCLE BLOOMINGTON, MN 55438	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Gregory Gang 4566 SE 5th PL, #204 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: <u>Clarence Hilbert</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/30/07 - 239-745-6864</u> <small>Date Daytime Phone #</small>	

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