

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001316

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** TUSCANY VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W., 103  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W., 103  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 43-2068741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KASE, SUSAN  
C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W. #103  
CAPE CORAL, FL 33914 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:** S  
**Name:** MC LEOD, PETER  
**Address:** 4566 SE 5TH PLACE #202  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** P  
**Name:** HOGAN, JAMES  
**Address:** 4566 SE 5TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** VP  
**Name:** VACHON, DEREK  
**Address:** 4604 SE 5TH PLACE #201  
**City-St-Zip:** CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES HOGAN

PRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date