| 1. Entity Name   |  | FIT CORPORA  | FILED<br>Feb 01, 2007 8:00 am  |   |  |
|--|--|--|--|---|--|
| 1000414  | DOCUMENT # N0300004858<br>1. Entity Name<br>TUSCANA HOMEOWNERS' ASSOCIATION, INC.                        |  |  | <b>Secretary of State</b><br>02-01-2007 90031 045 ****61.25   |  |
|  |  |  |  |   |  |
| Principal Place<br>2848 PROCTO<br>SARASOTA, FU   | or RD  | Mailing Address<br>2848 PROCTOR RD<br>SARASOTA, FL 34231                         |  |   | ana inter asto familia inter                                       |
|  |  |  |  | 01152007 No Chg-NP CR2E   | 037 (4/06)   |
| D  | O NOT WRITE  | IN THIS SPA  | ACE  | FEI Number 20-0397593      Certificate of Status Desired  | Applied For<br>Not Applicable<br>\$8.75 Additional<br>Fee Required |
| 5. Name and Address of Current Registered Agent<br>MILLER MANAGEMENT SERVICES, INC.<br>2848 PROCTOR RD<br>SARASOTA, FL 34231   |  |  |  | DO NOT WRITI<br>IN THIS SPACE   |  |
|  |  | ne purpose of changing its regis   | stered office or registere   | ed agent, or both, in the State of Florida. I am  | familiar with, and accept  |
| SIGNATURE_   | ions of registered agent.  |  |  |   |  |
|  | Signalure, lyped or printed name of registered agent and<br>Filling Fee is \$61.25<br>Due by May 1, 2007 | Be diapplicable (NOTE Rege     S. Election Campaign Fi     Trust Fund Contributi |  | when reinstating) - DATE<br>00 May Be<br>Id to Fees   |  |
| 10.  | OFFICERS AND DI  | RECTORS  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>PETZOLDT, TODD<br>6222 TOWER LANE, B-3<br>SARASOTA, FL 34240  |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | · · · · · · · · · · ·  |  |   | E  |
| TITLE  |  |  |  | IN THIS SPAC  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 1  |  |  | and the second                                  |  |
| STREET ADDRESS   |  |  | and a second sec |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   | $\frown$   |  |  |   |  |
| STREET ADDRESS<br>CITY - ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST-ZIP<br>12. I hereby c<br>indicated<br>of the cor | on this report or supplemental report is the<br>poration or the receiver or justee enpower               | rue and accurate and that my si  | gnature shall have the :   | i in Chapter 119, Florida Statutes. I further ce<br>same legal effect as if made under oath; that I<br>Florida Statules; and that my name appears | am an officer or director  |

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