2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004858

FILED Mar 20, 2009 Secretary of State

Entity Name: TUSCANA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2848 PROCTOR RD 2848 PROCTOR RD

SARASOTA, FL 34231 SARASOTA, FL 34231 US

Current Mailing Address: New Mailing Address:

2848 PROCTOR RD 2848 PROCTOR RD

SARASOTA, FL 34231 SARASOTA, FL 34231 US

FEI Number: 20-0397593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILLER MANAGEMENT SERVICES, INC. 2848 PROCTOR RD SARASOTA, FL 34231 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:

Address:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition Name:

CHARRON, PAM HASTINGS, PAUL Name: 4552 TUSCANA DR Address: 4700 TUSCANA DR Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 US

Title: () Delete Title: (X) Change () Addition

LEBLANC, STEPHEN Name: SCHMIDT, WAYNE Name: Address: 4549 TUSCANA DR Address: 4648 TUSCANA DR City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 US

Title: () Delete Title: (X) Change () Addition

RANDOLPH, HOWARD PASCHALL, PAMELA Name: Name: Address: 4544 TUSCANA DR Address: 4616 TUSCANA DR City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 US

Title: SD () Delete Title: SD (X) Change () Addition

MILLS, SUE Name: WINTERS, DON Name: 4516 TUSCANA DR 4691 TUSCANA DR Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 US

Title: () Delete Title: (X) Change () Addition Name:

CLARK, BILL TUTTLE, KEN Name: 4671 TUSCANA DR 4695 TUSCANA DR Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 US

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: PAMELA PASCHALL **TREA** 03/20/2009