

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004916

FILED  
Feb 18, 2010  
Secretary of State

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

**Current Principal Place of Business:**

19 E. CENTRAL BLVD  
ORLANDO, FL 32801

**New Principal Place of Business:**

C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
MIAMI, FL 33186 US

**Current Mailing Address:**

19 E. CENTRAL BLVD  
ORLANDO, FL 32801

**New Mailing Address:**

C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
MIAMI, FL 33186 US

**FEI Number:** 20-1100821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COMMUNITY RESOURCE MANAGEMENT, INC.  
19 E. CENTRAL BLVD  
SECOND FLOOR  
ORLANDO, FL 32801 US

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

SRLD  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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:** LISA LERNER

02/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VPD  
**Name:** LEIGH, GEOFFREY MR  
**Address:** 12995 SW 133 STREET  
**City-St-Zip:** MIAMI, FL 33186 US

**Title:** STD  
**Name:** SABE, ALEXANDER MR  
**Address:** 12995 SW 135 TERRACE  
**City-St-Zip:** MIAMI, FL 33186 US

**Title:** PD  
**Name:** VALDES, SERGIO MR  
**Address:** 12995 SW 133 STREET  
**City-St-Zip:** MIAMI, FL 33186 US

**Title:** D  
**Name:** POLONEY, OLGA MS  
**Address:** 13007 SW 133 TERRACE  
**City-St-Zip:** MIAMI, FL 33186 US

**Title:** D  
**Name:** AVILA, ADALVER MR  
**Address:** 12994 SW 135 STREET  
**City-St-Zip:** MIAMI, FL 33186 US

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:** SERGIO VALDES

PD

02/18/2010

Electronic Signature of Signing Officer or Director

Date