2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006953

FILED Apr 01, 2009 Secretary of State

Entity Name: TUSCANY AT INNISBROOK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2230 TUSCANY TRACE PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** 24701 US HIGHWAY 19 NORTH #102 1799-B NORTH BELCHER ROAD CLEARWATER, FL 33765 CLEARWATER, FL 33763 FEI Number: 75-3162717 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: AMERI-TECH REALTY, INC AMERI-TECH REALTY, INC 1799-B NORTH BELCHER ROAD 24701 US HIGHWAY 19 NORTH #102 CLEARWATER, FL 33765 CLEARWATER, FL 33763 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: MICHAEL G PEREZ, PRESIDENT 04/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SOFIA, JANICE Name: Name: 2218 PORTOFINO PLACE #247 Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: Title: () Delete () Change () Addition MARINACCIO, RICK Name: Name: Address: 2138 CHIANTI PLACE #147 Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: VPD () Delete Title: () Change () Addition SMITH, JEFFREY Name: Name: 2107 PORTOFINO PLACE #3026 Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: KOSS, CAMILLE Name: 2250 PORTOFINO PLACE #236 Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: Title: (X) Delete () Change () Addition PEREZ, MICHAEL G Name: Name: 280 TURTLE CREEK CIRCLE Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip:

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: JANICE SOFIA PD 04/01/2009