

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2009
Secretary of State**

DOCUMENT# N04000009841

Entity Name: TUSCANY GARDENS RESERVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4554 SE 5TH PLACE
CAPE CORAL, FL 33910

New Principal Place of Business:

Current Mailing Address:

PO BOX 100790
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 20-1911740 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BERMAN, BEN
4554 SE 5TH PLACE
CAPE CORAL, FL 33910 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: PD () Delete
Name: BERMAN, BEN
Address: PO BOX 100790
City-St-Zip: CAPE CORAL, FL 33910

Title: STD () Delete
Name: BERMAN, LANCE
Address: PO BOX 100790
City-St-Zip: CAPE CORAL, FL 33910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: BEN BERMAN

PD

01/10/2009

Electronic Signature of Signing Officer or Director

_____ Date