

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003365

FILED  
Feb 22, 2008  
Secretary of State

Entity Name: TUSCANY WOODS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

6905 N. WICKHAM ROAD  
SUITE 401  
MELBOURNE, FL 32940 US

## New Principal Place of Business:

5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822 US

## Current Mailing Address:

6905 N. WICKHAM ROAD  
SUITE 401  
MELBOURNE, FL 32940 US

## New Mailing Address:

5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822 US

FEI Number: 26-0431362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARIE, JOHN  
6905 N. WICKHAM ROAD  
SUITE 401  
MELBOURNE, FL 32940 US

## Name and Address of New Registered Agent:

BARIC, JOHN ESQ  
6905 N. WICKHAM ROAD  
SUITE 401  
MELBOURNE, FL 32940 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: JOHN BARIC

02/22/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SIWICKI, LAURA  
Address: 12001 SCIENCE DRIVE  
City-St-Zip: ORLANDO, FL 32826 US

Title: VPD ( ) Delete  
Name: SCHOETTELKOTTE, PAUL  
Address: 12001 SCIENCE DRIVE  
City-St-Zip: ORLANDO, FL 32826 US

Title: STD ( ) Delete  
Name: O'TOOLE, HAZEL  
Address: 6905 N. WICKHAM RD., SUITE 401  
City-St-Zip: MELBOURNE, FL 32940 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition  
Name: SIWICKI, LAURA  
Address: 12001 SCIENCE DRIVE  
City-St-Zip: ORLANDO, FL 32826 US

Title: DP (X) Change ( ) Addition  
Name: SCHOETTELKOTTE, PAUL  
Address: 12001 SCIENCE DRIVE  
City-St-Zip: ORLANDO, FL 32826 US

Title: DST (X) Change ( ) Addition  
Name: O'TOOLE, HAZEL  
Address: 6905 N. WICKHAM RD., SUITE 401  
City-St-Zip: MELBOURNE, FL 32940 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: PAUL SCHOETTELKOTTE

DP

02/22/2008

Electronic Signature of Signing Officer or Director

Date