

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # NQ5000003973					
1. Entity Name TUSCANY GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9411 CYPRESS LAKE DR STE 2 FORT MYERS, FL 33919			Mailing Address 9411 CYPRESS LAKE DR STE 2 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1855237	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRELLES, BOB C/O SCHOO MGMT 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919			Name: <u>Jennifer Suchantch Miami Management</u> Street Address (P.O. Box Number is Not Acceptable): <u>28731 South Cargo Court, Suite 6</u> City: <u>Bonita Springs</u> FL Zip Code: <u>34735</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Jennifer S. Suchantch</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE: <u>08/07/07</u> 400107467214 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME SCHMIDT, JOHN STREET ADDRESS 6400 ARAGON WAY #304 CITY-ST-ZIP FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE President NAME Harry Kohlheim STREET ADDRESS 6361 Aragon Way #304 CITY-ST-ZIP Fort Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME FLEMING, DON STREET ADDRESS 6300 ARAGON WAY #202 CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE Director NAME Ronald York STREET ADDRESS 6330 Aragon Way #202 CITY-ST-ZIP Fort Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME WELS, CAROL STREET ADDRESS 6361 ARAGON WAY #207 CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE Director NAME Robert Welliver STREET ADDRESS 6450 Aragon Way #202 CITY-ST-ZIP Ft. Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME DEMAYO, FRANCESCA STREET ADDRESS 6321 ARAGON WAY #207 CITY-ST-ZIP FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Richard Langlois STREET ADDRESS 21140 Braxfield Loop CITY-ST-ZIP Estero FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WAYLAND, TERRY STREET ADDRESS 6400 ARAGON WAY #205 CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCKENZIE, BILL STREET ADDRESS 6321 ARAGON WAY #101 CITY-ST-ZIP FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Harry Kohlheim</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06042007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1855237

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Jennifer Suchantch Miami Management
 Street Address (P.O. Box Number is Not Acceptable): 28731 South Cargo Court, Suite 6
 City: Bonita Springs **FL** Zip Code: 34735

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SIGNATURE: Jennifer S. Suchantch
 DATE: 08/07/07 **400107467214**
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE: Harry Kohlheim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #