

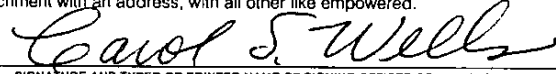


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90013 050 ****61.25

DOCUMENT # N05000003973 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 27180 Bay Landing Dr Ste 4	
Suite, Apt. #, etc. 27180 Bay Landing Dr Ste 4		Suite, Apt. #, etc. 4	
City & State Bonita Spgs FL		City & State Bonita Spgs FL	
Zip 34135		Zip 34135	
Country USA		Country USA	
4. FEI Number 20-1855237		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUCHANT, JENNIFER C/O MIAMI MANAGEMENT 28731 SOUTH CARGO COURT, STE 6 BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name John O'Gorman Street Address (P.O. Box Number is Not Acceptable) Sterling Property Services 27180 Bay Landing Dr Ste 4 Bonita Spgs FL Zip Code 34135	
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 		DATE 2/27/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		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			
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	KOHLHEIM, HARRY		
STREET ADDRESS	6361 ARAGON WAY #304		
CITY-ST-ZIP	FORT MYERS, FL 33912		
TITLE	VD	<input checked="" type="checkbox"/> Delete	
NAME	FLEMING, DON		
STREET ADDRESS	6300 ARAGON WAY #202		
CITY-ST-ZIP	FORT MYERS, FL 33912		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	WELS, CAROL		
STREET ADDRESS	6361 ARAGON WAY #207		
CITY-ST-ZIP	FORT MYERS, FL 33912		
TITLE	D	<input type="checkbox"/> Delete	
NAME	YORK, RONALD		
STREET ADDRESS	6330 ARAGON WAY #202		
CITY-ST-ZIP	FORT MYERS, FL 33912		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	WAYLAND, TERRY		
STREET ADDRESS	6400 ARAGON WAY #205		
CITY-ST-ZIP	FORT MYERS, FL 33912		
TITLE	D	<input type="checkbox"/> Delete	
NAME	WELLIVER, ROBERT		
STREET ADDRESS	6450 ARAGON WAY #202		
CITY-ST-ZIP	FORT MYERS, FL 33912		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEVE BOSTWICK		
STREET ADDRESS	6300 ARAGON WAY #202		
CITY-ST-ZIP	FT MYERS, FL 33912		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEYLAND COBB		
STREET ADDRESS	6300 ARAGON WAY #202		
CITY-ST-ZIP	FT MYERS FL 33912		
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		DATE 2-22-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			