2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005465

FILED Apr 26, 2007 Secretary of State

Entity Name: TUSCANY COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

530 CONSTRUCTION LN.

LEHIGH ACRES, FL 33936

3800 AGUALINDA BLVD.
CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

PO BOX 1058 C/O SILVERCRESTED MGT INC LEHIGH ACRES, FL 33970 P O BOX 1848

FORT MYERS, FL 33902

FEI Number: 90-0292182 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:

PETERSEN, JERRY
C/O TUSCANY COURTS, LLC
2359 HARMONY LANE #101
SILVERCRESTED MGT INC
3440 MARINATOWN LANE
203

NAPLES, FL 34109 US NORTH FORT MYERS, FL 33903 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: LEE J VAN TILBURG 04/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: PD (X) Change () Addition

 Name:
 PETERSEN, JERRY
 Name:
 PATTEN, ROBERT B

 Address:
 2395 HARMONY LANE #101
 Address:
 2614 SW46TH TERRACE

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 CAPE CORAL, FL 33914

Title: D () Delete Title: VD (X) Change () Addition

 Name:
 PETERSEN, NANCY
 Name:
 LOSURDO, ROCCO

 Address:
 2395 HARMONY LANE #101
 Address:
 3424 AGUALINDA BLVD #203

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 CAPE CORAL, FL 33914

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf STD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 ZAREMBA, WALTER
 Name:
 LOHR, GARY

 Address:
 8692 M-32
 Address:
 100 TROY STREET

 City-St-Zip:
 ELMIRA, MI 49730
 City-St-Zip:
 SENECA FALLS, NY 13148

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: ROBERT B PATTEN PD 04/26/2007