

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2007
Secretary of State**

DOCUMENT# N05000005930

Entity Name: TUSCAN WOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

155 ST. JOHNS BUSINESS PLACE
SUITE 201
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

155 ST. JOHNS BUSINESS PLACE
SUITE 201
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILBERT, JOHN T
155 ST. JOHNS BUSINESS PLACE
SUITE 201
ST. AUGUSTINE, FL 32095 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: HILBERT, JOHN T
Address: 1808 W. COBBLESTONE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VST () Delete
Name: HILBERT, CLAUDINE
Address: 1808 W. COBBLESTONE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D () Delete
Name: HILBERT, JOHN C CFO
Address: 155 ST. JOHNS BUSINESS PLACE, SUITE 201
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HILBERT, JOHN T
Address: 112 OSPREY COVE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VST (X) Change () Addition
Name: HILBERT, CLAUDINE
Address: 112 OSPREY COVE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN C. HILBERT

D

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date