2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TALLAHASSEE, FLORIDA DOCUMENT # N06000000906 07 JUL 17 PM 2: 01 TUSCANY TRACE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 3074 SHAMROCK NORTH 3074 SHAMROCK NORTH TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07172007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TILL, JOHN 3074 SHAMROCK NORTH Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32309 City Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. DV MUE Delete TITLE Change ☐ Addition NAME BROWN MORRIS NAME 3797 BLOXHAM RD. STREET ADDRESS STREET ADDRESS CITY ST-ZIP CRAWFORDVILLE, FL 32327 CITY-ST-ZIP DP TIFLE ☐ Delete TITLE Change Addition TILL, JOHN NAME NAME STREET ADDRESS 3074 SHAMROCK NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32309 TITLE DST ☐ Delete TITLE 6001062841⁴6 ⁵ 07/17/07--01948--016 **61.25 Addition TILL, SUSAN NAME NAME 3074 SHAMROCK NORTH STREET ADDRESS STREET ADDRESS CITY ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP TITEE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DILLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SECRETARY OF STATE