

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000906

FILED
Jan 21, 2009
Secretary of State

Entity Name: TUSCANY TRACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3074 SHAMROCK NORTH
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3074 SHAMROCK NORTH
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 56-2665544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILL, JOHN
3074 SHAMROCK NORTH
TALLAHASSEE, FL 32309 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: DV () Delete
Name: BROWN, MORRIS
Address: 3797 BLOXHAM RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DP () Delete
Name: TILL, JOHN
Address: 3074 SHAMROCK NORTH
City-St-Zip: TALLAHASSEE, FL 32309

Title: DST () Delete
Name: TILL, SUSAN
Address: 3074 SHAMROCK NORTH
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOHN TILL

DP

01/21/2009

Electronic Signature of Signing Officer or Director

Date