2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001817

FILED Feb 22, 2008 Secretary of State

Entity Name: TUSCAN OAKS OWNERS ASSOCIATION, INC.

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

10475 FORTUNE PARKWAY 5955 T. G. LEE BLVD. SUITE 201 SUITE 300

JACKSOVNILLE, FL 32256 ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

5955 T.G. LEE BLVD. SUITE 300

ORLANDO, FL 328224457

FEI Number: 20-4410281 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:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US JOHN BARIC 6905 N WICKHAM RD SUITE 501 MELBOURNE, FL 32940 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: JOHN BARIC 02/22/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DP () Delete Title: DP (X) Change () Addition

Name: GINDER, DENNIS Name: CAPUTO, DAVE

Address: 6905 N. WICKHAM RD., SUITE 500 Address: 10475 FORTUNE PARKWAY, SUITE 201

City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: JACKSONVILLE, FL 32256

Title: DV () Delete Title: DV (X) Change () Addition

Name: STEVENS, RICK Name: SADOWSKI, DONNA

Address: 10475 FORTUNE PARKWAY, SUITE 201 Address: 10475 FORTUNE PARKWAY, SUITE 201

City-St-Zip: JACKSOVNILLE, FL 32256 City-St-Zip: JACKSOVNILLE, FL 32256

Title: DST () Delete Title: DST (X) Change () Addition Name: CAPUTO, DAVE Name: MCKINNEY, THERESA

Address: 10475 FORTUNE PARKWAY, SUITE 201 Address: 10475 FORTUNE PARKWAY, SUITE 201

City-St-Zip: JACKSOVNILLE, FL 32256 City-St-Zip: JACKSOVNILLE, FL 32256

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: DAVE CAPUTO DP 02/22/2008