2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007
Secretary of State

DOCUMENT# N06000010678

Entity Name: TUSCA PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

541 N PALMETTO AVE SUITE 105
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

541 N PALMETTO AVE SUITE 105
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-5728360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHIGHAM, FRANK C
1001 HEATHROW PARK LANE SUITE 4001
LAKE MARY, FL 32746 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: DP ( ) Delete
Name: HORIAN, ROBERT L
Address: 3492 ROCK CLIFF LOOP
City-St-Zip: LONGWOOD, FL 32779

Title: DVP ( ) Delete
Name: CIPPARONE, ANTHONY J
Address: 3285 DEER CHASE ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: DS ( ) Delete
Name: SEMANS, RONALD
Address: 1570 WESTOVER LOOP
City-St-Zip: HEATHROW, FL 32746

Title: DT ( ) Delete
Name: SEMANS, RONALD
Address: 1570 WESTOVER LOOP
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HORIAN, ROBERT L
Address: 541 N. PALMETTO AVE
City-St-Zip: SANFORD, FL 32771

Title: DVP (X) Change ( ) Addition
Name: CIPPARONE, ANTHONY J
Address: 541 N. PALMETTO AVENUE
City-St-Zip: SANFORD, FL 32771

Title: DS (X) Change ( ) Addition
Name: SEMANS, RONALD
Address: 541 N. PALMETTO AVENUE
City-St-Zip: SANFORD, FL 32771

Title: DT (X) Change ( ) Addition
Name: SEMANS, RONALD
Address: 541 N. PALMETTO AVE
City-St-Zip: SANFORD, FL 32771

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: ROBERT L HORIAN DP 03/16/2007

Electronic Signature of Signing Officer or Director — Date