

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010678

FILED
Apr 28, 2009
Secretary of State

Entity Name: TUSCA PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5955 T.G. LEE BLVD, STE 300
ORLANDO, FL 328224457

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

Current Mailing Address:

5955 T.G. LEE BLVD, STE 300
ORLANDO, FL 328224457

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

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: 541 N. PALMETTO AVE
City-St-Zip: SANFORD, FL 32771

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

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

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

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:

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: ROBERT L HORIAN

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date