2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000010822

Entity Name: TUSCANY AT HAMMOCK DUNES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DR., SUITE 300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

85 AVENUE DE LA MER
PALM COAST, FL 32137

Current Mailing Address:

24301 WALDEN CENTER DR., SUITE 300
BONITA SPRINGS, FL 34134

New Mailing Address:

POST OFFICE BOX 353586
PALM COAST, FL 32137

FEI Number: 20-5736724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR., SUITE 300
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

ANNON, FRED
7 FLORIDA PARK DRIVE NORTH
PALM COAST, FL 32137 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: FRED ANNON, JR. 04/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BYAL, TIM
Address: 101 EAST TOWN PLACE, SUITE 300
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VD ( ) Delete
Name: SCHUMAKER, JAMES
Address: 101 EAST TOWN PLACE, SUITE 300
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VT ( ) Delete
Name: TIEBOUT TOURON, MARCIENNE
Address: 24301 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S (X) Delete
Name: KEITH, SYLVIA
Address: 24301 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GREENBERG, ROBERT
Address: POST OFFICE BOX 353586
City-St-Zip: PALM COAST, FL 32135

Title: VTD (X) Change ( ) Addition
Name: GRAY, LEE
Address: POST OFFICE BOX 353586
City-St-Zip: PALM COAST, FL 32135

Title: SD (X) Change ( ) Addition
Name: DIPERNA, COSMO J
Address: POST OFFICE BOX 353586
City-St-Zip: PALM COAST, FL 32135

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: COSMO J. DIPERNA S 04/30/2008
Electronic Signature of Signing Officer or Director Date