

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005224

FILED
Apr 29, 2009
Secretary of State

Entity Name: TUSCANA II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1395 TUSCANA LN.
CHAMPIONS GATE, FL 33896

New Principal Place of Business:

Current Mailing Address:

1395 TUSCANA LN.
CHAMPIONS GATE, FL 33896

New Mailing Address:

FEI Number: 35-2302323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNY, GARRETT
1168 POLO PARK E. BLVD
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

KENNY, GARRETT
1395 TUSCANA LANE
DAVENPORT, FL 33896 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:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KENNY, GARRETT
Address: 1168 POLO PARK E. BLVD
City-St-Zip: DAVENPORT, FL 33897

Title: DV () Delete
Name: SZROM, LARRY
Address: 1168 POLO PARK E. BLVD
City-St-Zip: DAVENPORT, FL 33897

Title: DST () Delete
Name: DEMPSEY, HEIDI
Address: 1168 POLO PARK E. BLVD
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KENNY, GARRETT
Address: 1395 TUSCANA LANE
City-St-Zip: DAVENPORT, FL 33896

Title: DV (X) Change () Addition
Name: SZROM, LARRY
Address: 1395 TUSCANA LANE
City-St-Zip: DAVENPORT, FL 33896

Title: DST (X) Change () Addition
Name: DEMPSEY, HEIDI
Address: 1395 TUSCANA LANE
City-St-Zip: DAVENPORT, FL 33896

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: GARY KENNY

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date