

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010778

FILED
Mar 31, 2008
Secretary of State

Entity Name: TUSCANY TOWNS OF VOLUSIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6905 N. WICKHAM RD., SUITE 501
MELBOURNE, FL 32940

New Principal Place of Business:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

Current Mailing Address:

6905 N. WICKHAM RD., SUITE 501
MELBOURNE, FL 32940

New Mailing Address:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

FEI Number: 26-2281934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARIC, JOHN
6905 N. WICKHAM RD., SUITE 501
MELBOURNE, FL 32940 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: PD () Delete
Name: DURKIN, TIM
Address: 775 HARLEY STRICKLAND BLVD., SUITE 110
City-St-Zip: ORANGE CITY, FL 32763

Title: VD () Delete
Name: VENEZIA, JASON
Address: 775 HARLEY STRICKLAND BLVD., SUITE 110
City-St-Zip: ORANGE CITY, FL 32763

Title: STD () Delete
Name: O'TOOLE, HAZEL
Address: 6905 N. WICKHAM RD., SUITE 501
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIWICKI, LAURA
Address: 775 HARLEY STRICKLAND BLVD., SUITE 110
City-St-Zip: ORANGE CITY, FL 32763

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: LAURA SIWICKI

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date