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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28730** **(2)**

1. Corporation Name
TUSCANY AT THE VINEYARDS CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
100 VINEYARDS BLVD. NAPLES FL 33999 US	100 VINEYARDS BLVD. NAPLES FL 33999 US

3. Date Incorporated or Qualified: 10/06/1988

4. FEI Number: 65-0103863 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34119 Country 25	Zip 29: 34119 Country 30

9. Name and Address of Current Registered Agent

WHITE, WILLIAM D
VINEYARDS SERVICES
100 VINEYARDS BLVD.
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name: Property Mgmt. Professionals of SW Fla., Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 100 Vineyards Blvd.
83: Attn: Nancy Winkler
84 City: Naples FL 85 Zip Code: 34119

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Nancy Winkler NANCY WINKLER, PROPERTY MANAGER 4/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PEABODY, PAUL M		1.2 NAME		
STREET ADDRESS	103 TUSCANA CT #702		1.3 STREET ADDRESS	106 Tuscana Ct #702	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples FL 34119	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	AUBUCHON, BOB		2.2 NAME		
STREET ADDRESS	104 SIENA WAY #1408		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		2.4 CITY-ST-ZIP	Naples, FL 34119	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BOWKER, PETER		3.2 NAME		
STREET ADDRESS	106 SIENNA WAY #1508		3.3 STREET ADDRESS	103 Tuscana Ct #1107	
CITY-ST-ZIP	NAPLES FL 33999		3.4 CITY-ST-ZIP	34119	
TITLE	SD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	RAUCH, LLOYD		4.2 NAME		
STREET ADDRESS	104 TUSCANA CT #803		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		4.4 CITY-ST-ZIP	34119	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SEELY, PEG		5.2 NAME		
STREET ADDRESS	103 TUSCANA COURT #1103		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		5.4 CITY-ST-ZIP	34119	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 4/14/98