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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28730

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

Principal Place of Business: 100 VINEYARDS BLVD. NAPLES FL 34119 US
 Mailing Address: 100 VINEYARDS BLVD. NAPLES FL 34119 US



21	2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/06/1988
22	City & State	City & State	4. FEI Number
			65-0103863
23	Zip	Country	5. Certificate of Status Desired
			<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	Country	6. Election Campaign Financing
			<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PROPERTY MGMT. PROFESSIONALS OF SW FL. INC 100 VINEYARDS BLVD ATTN: NANCY WINKLER NAPLES FL 34119		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEABODY, PAUL M	1.2 NAME	
STREET ADDRESS	106 TUSCANA CT #702	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUBUCHON, BOB	2.2 NAME	
STREET ADDRESS	104 SIENA WAY #1408	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWKER, PETER	3.2 NAME	
STREET ADDRESS	103 TUSCANA CT #1107	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUCH, LLOYD	4.2 NAME	
STREET ADDRESS	104 TUSCANA CT #803	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELY, PEG	5.2 NAME	
STREET ADDRESS	103 TUSCANA COURT #1103	5.3 STREET ADDRESS	D Charlotte Klingbeil
CITY-ST-ZIP	NAPLES FL 34119	5.4 CITY-ST-ZIP	104 Tuscana COURT #807
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ DATE: 4/6/99 DAYTIME PHONE # _____

CR2E037 (1/198)