2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 29, 2004 8:00 am

| | | | | | >e | cretary | / OT SE | are – | |
|--|--|----------------------------|---|---|--|---|----------------------------|---------------------------|--|
| DOCUMENT # N28730 1. Entity Name TUSCANY AT THE VINEYARDS CONDOMINIUM ASSOCIATION, INC. | | | | | 03-29-2004 90392 042 ****61.25 | | | | |
| Principal Plac 75 VINEYARI NAPLES, FL | DS BLVD 3RD FLR | | 75 VINEYARDS BLVD 3RD FLR | | | | | | |
| | Place of Business yards Blvd. 3rd FL | 3. Mailing Address | 3. Mailing Address 75 Vineyards Blvd. 3rd FL | | | | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 02242004 Chg-NP . CR2E037 (10/03) | | | | |
| City & Stat | | City & State Naples, FL | | | 4. FEI Number 65-0103863 | 3 | <u> </u> | plied For t Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of Sta | tus Desired | \$8.75 Add Fee Required | | |
| 34119 | USA 6. Name and Address of Current | | USA | ! | 7. Name and Addre | ess of New Registe | | | |
| | | | | Name | | | | | |
| PMP OF SW FLA, INC. 75 VINEYARDS BLVD NAPLES, FL 34119 | | | | Property Management Professionals, Inc. Street Address (P.O. Box Number is Not Acceptable) 75 Vineyards Blvd. 3rd FL | | | | | |
| | | | | | | | | | |
| A7 | | | | City Naples FL Zip Code 34119 | | | | | |
| 8. 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. I am familiar with, and accept | | | | | | | | | |
| the obligations of registered agent. | | | | | | | | | |
| Jack Erickson (MOV) | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE | | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | |
| 10. | OFFICERS AND DI | RECTORS | 11. | A | DDITIONS/CHANGE | S TO OFFICERS AN | D DIRECTORS IN | 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LONG, TOM 102 TUSCANA CT NAPLES, FL 34119 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AUBUCHON, BOB 104 SIENA WAY #1408 NAPLES, FL 34119 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD D'ANNUNZIO, DOMINIC 100 SIENA WAY NAPLES, FL 34119 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STRENGHOLT, PHILLIP 104 TUSCANA CT # 802 NAPLES, FL 34119 | XXDelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | n Teglj Naple | hy Frank luscana Cou es, Fl 3411 | ğt #601 | ☐ Change | ★ Addition | |
| TITLE NAME STREET ADDRESS | SD GILLIS, MARY ANN 102 SIERA WAY # 1304 | ☐ Delete | TITLE NAME STREET ADDRESS | | | | ☐ Change | Addition | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAPLES, FL 34119

SIGNATURE: N.W. Williams SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Addition