

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90464 009 ****61.25

DOCUMENT # N28730 1. Entity Name TUSCANY AT THE VINEYARDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 75 VINEYARDS BLVD. 3RD FLOOR NAPLES, FL 34119 US			Mailing Address 75 VINEYARDS BLVD. 3RD FLOOR NAPLES, FL 34119 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0103863			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PROPERTY MANAGEMENT PROFESSIONALS, INC. 75 VINEYARDS BLVD. 3RD FL NAPLES, FL 34119				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. SIGNATURE <u><i>Anthony Triella</i></u> <u><i>Property Manager</i></u> <u><i>3/27/06</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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 DIRECTORS					
TITLE	VD	XXX Delete	TITLE	Vice President	☐ Change ☒ Addition
NAME	LONG, TOM		NAME	Clark, Mary	
STREET ADDRESS	102 TUSCANA CT, #903		STREET ADDRESS	105 Tuscana Ct., #1001	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34119	
TITLE	PD	XXX Delete	TITLE	Director	☐ Change ☒ Addition
NAME	AUBUCHON, BOB		NAME	Olson, Ronald	
STREET ADDRESS	104 SIENA WAY #1408		STREET ADDRESS	104 Siena Way, #1404, Naples, FL 34119	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34119	
TITLE	TD	XXX Delete	TITLE	Treasurer	☐ Change ☒ Addition
NAME	D'ANNUNZIO, DOMINIC		NAME	Sherman, Donald	
STREET ADDRESS	103 TUSCANA CT. #1108		STREET ADDRESS	107 Tuscana Ct., #404	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34119	
TITLE	D	☐ Delete	TITLE	President	XXX Change ☐ Addition
NAME	HERUHY, FRANK		NAME	Herlihy, Frank	
STREET ADDRESS	108 TUSCANA COURT #601		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BAUMAN, JOHN D		NAME		
STREET ADDRESS	108 TUSCANA CT #602		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u><i>Frank Herlihy</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u><i>3/28/06</i></u> Daytime Phone #: <u><i>(239) 353-1992</i></u>		

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