

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90042 024 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                  |                                                                                    |                                                                                                                                                                                |                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N28730</b><br>1. Entity Name<br><b>TUSCANY AT THE VINEYARDS CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                  |                                                                                    |                                                                                               |                                                                                                                                                  |
| Principal Place of Business<br><b>75 VINEYARDS BLVD.<br/>3RD FLOOR<br/>NAPLES, FL 34119 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |                                                                                  | Mailing Address<br><b>75 VINEYARDS BLVD.<br/>3RD FLOOR<br/>NAPLES, FL 34119 US</b> |                                                                                                                                                                                |                                                                                                                                                  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              | 3. Mailing Address                                                               |                                                                                    |                                                                                              |                                                                                                                                                  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | Suite, Apt. #, etc.                                                              |                                                                                    |                                                                                                                                                                                |                                                                                                                                                  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | City & State                                                                     |                                                                                    |                                                                                                                                                                                |                                                                                                                                                  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                      | Zip                                                                              | Country                                                                            | 4. FEI Number<br><b>65-0103863</b>                                                                                                                                             |                                                                                                                                                  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |                                                                                  |                                                                                    | <b>\$8.75 Additional Fee Required</b>                                                                                                                                          |                                                                                                                                                  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>PROPERTY MANAGEMENT PROFESSIONALS, INC.<br/>75 VINEYARDS BLVD.<br/>3RD FL<br/>NAPLES, FL 34119</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              |                                                                                  |                                                                                    | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                                                                                  |                                                                                    |                                                                                                                                                                                |                                                                                                                                                  |
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                    | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                             |                                                                                                                                                  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                  |                                                                                    |                                                                                                                                                                                |                                                                                                                                                  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                  |                                                                                    | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                   |                                                                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>CLARK, MARY <input type="checkbox"/> Delete<br>105 TUSCANA CT., #1001<br>NAPLES, FL 34119              |                                                                                  |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>OLSON, RONALD <input type="checkbox"/> Delete<br>104 SIENA WAY., #1404<br>NAPLES, FL 34119              |                                                                                  |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>SHERMAN, DONALD <input type="checkbox"/> Delete<br>107 TUSCANA CT., #404<br>NAPLES, FL 34119            |                                                                                  |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P <input checked="" type="checkbox"/> Delete<br>HERLIHY, FRANK<br>108 TUSCANA COURT #601<br>NAPLES, FL 34119 |                                                                                  |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Malone, Francis J.<br>106 Siena Way #1507<br>Naples, FL 34119 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD <input type="checkbox"/> Delete<br>BAUMAN, JOHN D<br>108 TUSCANA CT #602<br>NAPLES, FL 34119              |                                                                                  |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                              |                                                                                  |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| 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. |                                                                                                              |                                                                                  |                                                                                    |                                                                                                                                                                                |                                                                                                                                                  |
| <b>SIGNATURE:</b> <i>Mary G Clark</i> (MARY G. CLARK) <i>July 13 2007</i> 239 3041260<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                  |                                                                                    |                                                                                                                                                                                |                                                                                                                                                  |