2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28730

FILED Mar 05, 2009 Secretary of State

Entity Name: TUSCANY AT THE VINEYARDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 75 VINEYARDS BLVD. 3RD FLOOR NAPLES, FL 34119 **New Mailing Address: Current Mailing Address:** 75 VINEYARDS BLVD. 3RD FLOOR NAPLES, FL 34119 US FEI Number: 65-0103863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PROPERTY MANAGEMENT PROFESSIONALS, INC. 75 VINEYARDS BLVD. 3RD FL NAPLES, FL 34119 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CLARK, MARY CLARK, MARY Name: Name: 105 TUSCANA CT., #1001 Address: 105 TUSCANA CT., #1001 Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 US Title: () Delete Title: (X) Change () Addition SHERMAN, DONALD Name: SHERMAN, DONALD Name: Address: 107 TUSCANA CT., #404 Address: 107 TUSCANA CT., #404 City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 US Title: () Delete Title: (X) Change () Addition MALONE, FRANCIS J MALONE, FRANCIS J Name: Name: 106 SIENA WAY #1507 106 SIENA WAY #1507 Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 US Title: SD () Delete Title: SD (X) Change () Addition Name: BAUMAN, JOHN D Name: BAUMAN, JOHN D 108 TUSCANA CT #602 108 TUSCANA CT #602 Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 US Title: () Delete Title: () Change (X) Addition JUDITH, MCCLUSKY Name: Name: 106 TUSCANA COURT #706 Address: Address: NAPLES, FL 34119 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CLARK P 03/05/2009