

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28730

FILED  
Feb 18, 2010  
Secretary of State

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

**Current Principal Place of Business:**

75 VINEYARDS BLVD.  
3RD FLOOR  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

75 VINEYARDS BLVD.  
3RD FLOOR  
NAPLES, FL 34119 US

**New Mailing Address:**

**FEI Number:** 65-0103863      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROPERTY MANAGEMENT PROFESSIONALS, INC.  
75 VINEYARDS BLVD.  
3RD FL  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: CLARK, MARY  
Address: 105 TUSCANA CT., #1001  
City-St-Zip: NAPLES, FL 34119 US

Title: T  
Name: SHERMAN, DONALD  
Address: 107 TUSCANA CT., #404  
City-St-Zip: NAPLES, FL 34119 US

Title: VP  
Name: MALONE, FRANCIS J  
Address: 106 SIENA WAY #1507  
City-St-Zip: NAPLES, FL 34119 US

Title: SD  
Name: BAUMAN, JOHN D  
Address: 108 TUSCANA CT #602  
City-St-Zip: NAPLES, FL 34119 US

Title: D  
Name: JUDITH, MCCLUSKY  
Address: 106 TUSCANA COURT #706  
City-St-Zip: NAPLES, FL 34119 US

I hereby 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 all other like empowered.

SIGNATURE: MARY CLARK

P

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date