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# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 27, 2002 8:00 am**
**Secretary of State**
05-27-2002 90333 025 ****61.25

DOCUMENT # N40592

95192

DO NOT WRITE IN THIS SPACE

1. Entity Name

TUSCANY HOMEOWNER'S ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 617 WYMORE RD<br>WINTER PARK FL 32789<br>US | ~~617 WYMORE RD~~ Po Box 770911<br>~~WINTER PARK FL 32789~~ Winter Garden, FL 34777<br>~~US~~ |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| P.O. Box 770911 | P.O. Box 770911 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Winter Garden, FL | City & State: Winter Garden, FL |
| Zip: 34777 Country: USA | Zip: 34777 Country: USA |

4. FEI Number: 59-3042289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~CLAYTON, KENNETH M.~~<br>~~220 NORTH PALMETTO AVENUE~~<br>~~ORLANDO FL 32801~~<br>Delete | Name: BYRON F. DEY D President<br>Street Address (P.O. Box Number is Not Acceptable): 1567 VICTORIA WAY<br>City: WINTER GARDEY FL Zip Code: 34787 |

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.

SIGNATURE _____ 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>~~CLAYTON, BRANTLY W.~~<br>5350 DIPLOMAT CIR. #101<br>ORLANDO FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Cameron J. Davies<br>1630 Victoria Way<br>Winter Garden, FL 34787 | ☐ Change ☒ Addition<br>D |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VSD<br>~~CLAYTON, MARK A.~~<br>5350 DIPLOMAT CIR. #101<br>ORLANDO FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>JOEL K. FREUND<br>1609 High Hampton Ct.<br>Winter Garden, FL 34787 | ☐ Change ☒ Addition<br>D |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~CLAYTON, KELI M.~~<br>5350 DIPLOMAT CIR., #101<br>ORLANDO FL 32810 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Bob Faire I<br>1601 HIGH Hampton CT.<br>Winter Garden FL 34787 | ☐ Change ☒ Addition<br>D Director |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Karen Thomas<br>1507 Cashiers DRIVE<br>Winter Garden, FL 34787 | ☐ Change ☒ Addition<br>~~D~~ Secretary |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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.

**SIGNATURE:** BYRON F. DEY REQUIRED 4-30-02 407-875-1818 x362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #