2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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Apr 16, 2004 8:00 am Secretary of State DOCUMENT # N40592 1. Entity Name 04-16-2004 90054 044 ****61.25 TUSCANY HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 770911 P.O. BOX 770911 WINTER GARDEN FL 34777 WINTER GARDEN FL 34777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3042289 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEY, BYRON F Street Address (P.O. Box Number is Not Acceptable) 1567 VICTORIA WAY WINTER GARDEN FL 34787 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable Make Check Pavable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 1724 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition Delete TITLE TITE F Chuck Simikian THOMAS, KAREN NAME NAME 1507 CASHIERS DR 1648 Victoria way STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 Winter Garden. CITY-ST-ZIP CITY-ST-ZIP TITLE M Delete TITLE VĎ **X** Addition Randy Mears DAVIES, CAMERON NAME NAME 1206 thornbury Ct Winter Garden, FL 1630 VICTORIA WAY STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE Delete Donna Bailey 1607 High Hampton Ct FREUND, JOEL K ---NAME NAME 1609 HIGH HAMPTON CT STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 Winter Garden, FL 34787 CITY-ST-ZIP CITY-ST-ZIP **X** Addition Delete TITLE Change TITLE Roger Grant 1631 Malcolm Pointe Dr. FAIREL, BOB NAME NAME 1601 HIGH HAMPTON CT STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP Winter Garden, FL 34787 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED