## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 03, 2005 8:00 am Secretary of State DOCUMENT # N40592 1. Entity Name 05-03-2005 90128 005 \*\*\*\*61.25 TUSCANY HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 770911 WINTER GARDEN FL 34777 P.O. BOX 770911 WINTER GARDEN FL 34777 14015796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-3042289 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Grant HORSLEY, KENT Street Address (P.O. Box Number is Not Acceptable) 1679 VICTORIA WAY WINTER GARDEN FL334787 Zip Code 34つ 8つ Winter Garden 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Delete Treasurer Change TITLE TITLE SIMIKIAN, CHUCK Bill Barto NAME NAME 1652 Victoria Way 1648 VICTORIA WAY STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 34787 CITY-ST-7IP CITY-ST-ZIP Winter Garden VD Delete Secretary Change TITLE ☐ Addition MEARS RANDY Jon Schneider NAME 1206 THORNBURY CT. 1629 Charlemange Ct. STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 34787 CITY-ST-7IP CITY-ST-ZIP Winter Garden Landscaping Chair Rhonda Seagro ☐ Addition HTI F Delete TITLE BAILEY, DONNA NAME NAME 1607 HIGH HAMPTON CT. STREET ADDRESS STREET ADDRESS 1660 Victoria way WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP Committee Chair Delete TITLE ☐ Addition GRANT, ROGER NAME Rick Uhlman 1631 MALCOLM POINTE DR. 1201 Thornbury Ct. STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP ろくつ もつ TITLE ☐ Change Addition TITLE Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

**FILED** 

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