

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40592

FILED  
Mar 27, 2008  
Secretary of State

**Entity Name:** TUSCANY HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 770911  
WINTER GARDEN, FL 34777 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770911  
WINTER GARDEN, FL 34777 US

**New Mailing Address:**

**FEI Number:** 59-3042289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CURALL, JOHN  
1666 MALCOLM POINT DR  
WINTER GARDEN, FL 34787 US

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

ARBUCKLE, MICHELLE  
1664 VICTORIA WAY  
WINTER GARDEN, FL 34787 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: MICHELLE ARBUCKLE

03/27/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: CURALL, JOHN  
Address: 1666 MALCOLM POINT DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: S ( ) Delete  
Name: THOMPSON, JAMES  
Address: 1670 VICTORIA WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: P ( ) Delete  
Name: HORSLEY, KENT  
Address: 1679 VICTORIA WAY  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: ARBUCKLE, MICHELLE  
Address: 1664 VICTORIA WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: S (X) Change ( ) Addition  
Name: ARBUCKLE, MICHELLE  
Address: 1664 VICTORIA WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: P (X) Change ( ) Addition  
Name: HORSLEY, KENT  
Address: 1679 VICTORIA WAY  
City-St-Zip: WINTER GARDEN, FL 34787

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: MICHELLE ARBUCKLE

TRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date