

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40592

**FILED**  
**Apr 14, 2011**  
**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:**

ARBUCKLE, MICHELLE  
1664 VICTORIA WAY  
WINTER GARDEN, FL 34787 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: GRANT, ROGER  
Address: 1631 MALCOLM POINTE DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: T  
Name: ARBUCKLE, MICHELLE C  
Address: 1664 VICTORIA WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: S  
Name: WOODARD, PEYTON  
Address: 1627 CHARLEMANGE CT.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: CO-T  
Name: JONES, LORI  
Address: 1631 CHARLEMANGE CT.  
City-St-Zip: WINTER GARDEN, FL 34787

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: MICHELLE C. ARBUCKLE

T

04/14/2011

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

\_\_\_\_\_  
Date