

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003711

FILED
Jan 23, 2009
Secretary of State

Entity Name: TUSCANY VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% THE CONTINETAL GROUP
11981 SW 144 CT STE 201
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11981 SW 144 CT STE 201
STE 201
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0644203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIGFRICH RIVERA, LEHNER, DE LA TORRE
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SEIGFRIED RIVERA, LERNER, DE LA TORRE
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: SIEGFRIED RIVERA, LERNER, DE LA TORRE

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MCREYNOLDS, BEVERLY
Address: 13900 SW 86 CT
City-St-Zip: MIAMI, FL 33158

Title: STD () Delete
Name: LUSTIG, HILLELENE
Address: 8531 SW 139 TERRACE
City-St-Zip: MIAMI, FL 33158

Title: PD () Delete
Name: LITMAN, DONNA
Address: 8580 SW 139 TERR
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA LITMAN

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date