2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N95000003712

Entity Name: TUSCANY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9000 S.W. 152TH ST.
#102
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9000 S.W. 152TH ST.
#102
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0644204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, F JOSEPH
9000 SW 152ND ST. #102
MIAMI, FL 33156 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: VPD ( ) Delete
Name: NG-SOARES, LILY
Address: 8463 SW 137TH ST
City-St-Zip: MIAMI, FL 33158

Title: PD ( ) Delete
Name: GLAB, ED
Address: 8467 SW 138 TR
City-St-Zip: MIAMI, FL 33158

Title: TD ( ) Delete
Name: GOLIK, VLADIMIR
Address: 13881 SW 84 CT
City-St-Zip: MIAMI, FL 33158

Title: D ( ) Delete
Name: TUCKER, STEVEN
Address: 8444 SW 138 ST
City-St-Zip: MIAMI, FL 33158

Title: D ( ) Delete
Name: VANKANEL, ILONA
Address: 13651 SW 84 CT
City-St-Zip: MIAMI, FL 33158

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: GLAB, EDWARD
Address: 8467 SW 138 TR
City-St-Zip: MIAMI, FL 33158

Title: SD (X) Change ( ) Addition
Name: GOLIK, VLADIMIR
Address: 13881 SW 84 CT
City-St-Zip: MIAMI, FL 33158

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

Title: P (X) Change ( ) Addition
Name: MCQUIRE, KURT
Address: 8423 SW 137 STREET
City-St-Zip: MIAMI, FL 33158

Title: D ( ) Change (X) Addition
Name: YEPES, MARTHA
Address: 8462 SW 137 STREET
City-St-Zip: MIAMI, FL 33158

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: LILY NG-SOARES VP 03/09/2009

Electronic Signature of Signing Officer or Director — Date