

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004842

FILED  
Jan 20, 2006  
Secretary of State

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

**Current Principal Place of Business:**

112 TUSCANY DRIVE  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

C/O E.C.A.M.  
10221 EMERALD COAST PKWY W. STE 23  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

**FEI Number:** 59-3353086      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GELDER, JAY  
10221 EMERALD COAST PKWY W.  
SUITE 23  
MIRAMAR BEACH, FL 32550 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: DS ( ) Delete  
Name: MCMANIOUS, GEORGE  
Address: 5016 KENDALL STATION  
City-St-Zip: ACWORTH, GA 30102

Title: DT ( ) Delete  
Name: CAPERS, JOE  
Address: 3270 WINTHROP CIRCLE  
City-St-Zip: MARIETTA, GA 30067

Title: DVP ( ) Delete  
Name: ABBOTT-MULLER, JESSICA  
Address: 107 TUSCANY DR.  
City-St-Zip: DESTIN, FL 32541

Title: PD ( ) Delete  
Name: BLACKWOOD, ALAN  
Address: 97 MANTERO WAY  
City-St-Zip: DESTIN, FL 32541

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

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

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

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

Title: DVP (X) Change ( ) Addition  
Name: WAINWRIGHT, TONY  
Address: 117 TUSCANY DR.  
City-St-Zip: DESTIN, FL 32541

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

Title: D ( ) Change (X) Addition  
Name: NIXON, LENORE  
Address: 4795 EAST TROVARE  
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN BLACKWOOD

PD

01/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date