## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004842

Apr 12, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

112 TUSCANY DRIVE 10221 EMERALD COAST PKWY DESTIN, FL 32541

SUITE 23

DESTIN, FL 32541

**Current Mailing Address: New Mailing Address:** 

C/O E.C.A.M. 10221 EMERALD COAST PKWY W. STE 23

MIRAMAR BEACH, FL 32550

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

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

GELDER, JAY 10221 EMERALD COAST PKWY W. SUITE 23 MIRAMAR BEACH, FL 32550 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MCMANIOUS, GEORGE BLACKWOOD, ALAN Name: Name:

5016 KENDALL STATION Address: 97 MANTERO WAY Address: City-St-Zip: ACWORTH, GA 30102 City-St-Zip: DESTIN, FL 32541

Title: DT Title: (X) Change ( ) Addition () Delete

CAPERS, JOE Name: WAINWRIGHT, TONY Name: Address: 3270 WINTHROP CIRCLE Address: 117 TUSCANY DRIVE City-St-Zip: MARIETTA, GA 30067 City-St-Zip: DESTIN, FL 32541

Title: DVP () Delete Title: (X) Change ( ) Addition

WAINWRIGHT, TONY NIXON, LENORE Name: Name: 117 TUSCANY DR. Address: Address: 4795 EAST TROVARE City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

( ) Delete Title: PD Title: TD (X) Change ( ) Addition

Name: BLACKWOOD, ALAN Name: CAPERS, JOE 97 MANTERO WAY Address: Address: 2461 BUNGALO LANE City-St-Zip: DESTIN, FL 32541 City-St-Zip: MIRAMAR BEACH, FL 32550

Title: () Delete Title: (X) Change ( ) Addition

NIXON, LENORE MCMANIOUS, GEORGE Name: Name: 4795 EAST TROVARE 5016 KENDALL STATION Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: ACWORTH, GA 30102

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 04/12/2007