

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004842

FILED
Apr 11, 2008
Secretary of State

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

Current Principal Place of Business:

10221 EMERALD COAST PKWY
SUITE 23
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: PD () Delete
Name: BLACKWOOD, ALAN
Address: 97 MANTERO WAY
City-St-Zip: DESTIN, FL 32541

Title: VPD () Delete
Name: WAINWRIGHT, TONY
Address: 117 TUSCANY DRIVE
City-St-Zip: DESTIN, FL 32541

Title: ST () Delete
Name: NIXON, LENORE
Address: 4795 EAST TROVARE
City-St-Zip: DESTIN, FL 32541

Title: TD () Delete
Name: CAPERS, JOE
Address: 2461 BUNGALO LANE
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D () Delete
Name: MCMANIOUS, GEORGE
Address: 5016 KENDALL STATION
City-St-Zip: ACWORTH, GA 30102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIDSON, JACK
Address: 110 MANTERO WAY
City-St-Zip: DESTIN, FL 32541

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

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

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

Title: D (X) Change () Addition
Name: SHERWOOD, MARY
Address: 4787 WEST TROVARE
City-St-Zip: DESTIN, FL 32541

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: JACK DAVIDSON

PD

04/11/2008

Electronic Signature of Signing Officer or Director

Date