

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004842

FILED
Mar 26, 2012
Secretary of State

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

Current Principal Place of Business:

10221 EMERALD COAST PKWY W
SUITE 23
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY W
SUITE 23
DESTIN, FL 32541 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 B
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: SECT
Name: LONG, KATHLEEN
Address: 10221 EMERALD COAST PKWY. W, SUITE 23
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: PD
Name: WAINWRIGHT, TONY
Address: 10221 EMERALD COAST PKWY. W, SUITE 23
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D
Name: LIEBETREU, JULIE
Address: 10221 EMERALD COAST PKWY. W, SUITE 23
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D
Name: ESCHER, FRED
Address: 10221 EMERALD COAST PKWY. W, SUITE 23
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: VPD
Name: SHERWOOD, MARY
Address: 10221 EMERALD COAST PKWY. W, SUITE 23
City-St-Zip: MIRAMAR BEACH, FL 32550 US

I hereby 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 all other like empowered.

SIGNATURE: TONY WAINWRIGHT

PD

03/26/2012

Electronic Signature of Signing Officer or Director

_____ Date