# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-19-2004 90387 046 ***61.25
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # N99000000686

1. Entity Name
TUSCANY POINTE PHASE 1 HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 135 W PINEVIEW ST<br>ALTAMONTE SPRINGS, FL 32714 | 135 W PINEVIEW ST<br>ALTAMONTE SPRINGS, FL 32714 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3554915 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PRESIDENTIAL GROUP SOUTH, INC.<br>135 W PINEVIEW ST<br>ALTAMONTE SPRINGS, FL 32714 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>BONILLA, JOSE<br>231 TUSCANY POINTE AVENUE<br>ORLANDO, FL 32807 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Mario Cordova<br>26 Vanna Ct.<br>Orlando FL 32807 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>DALTON, FRANCISCO<br>267 TUSCANY POINTE AVENUE<br>ORLANDO, FL 32807 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Don Shoemaker<br>34 Vanna Ct.<br>Orlando FL 32807 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>SANTIAGO, ERIC<br>251 TUSCANY POINTE AVE.<br>ORLANDO, FL 32807 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T-S<br>Maria Colon<br>46 Vanna Ct<br>Orlando FL 32807 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>CARABALLO, MARIA G<br>63 VANNA CT.<br>ORLANDO, FL 32807 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 4-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #