2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/28/2006-90206-033-$61.25-$61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03102006 Chg-NP CR2E037 (11/05)

DOCUMENT # N99000000686

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

Principal Place of Business	Mailing Address
135 W PINEVIEW ST ALTAMONTE SPRINGS, FL 32714	135 W PINEVIEW ST ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business	3. Mailing Address
PMB 345 4250 Alafaya Tr.	PMB 345 4250 Alafaya Tr.
Suite, Apt. #, etc.: 212	Suite, Apt. #, etc.: 212
City & State: Oviedo, FL	City & State: Oviedo, FL
Zip: 32765 Country:	Zip: 32765 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. 135 W PINEVIEW ST ALTAMONTE SPRINGS, FL 32714	Name: Lilly Burnside c/o Reliable Property Managers Street Address (P.O. Box Number is Not Acceptable): PMB 345 4250 Alafaya Tr., Suite 212 City: Oviedo FL Zip Code: 32765

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: Lilly L Burnside 5/29/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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	P CORDOVA, MARIO 26 VANNA CT. ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHOEMAKER, DON 34 VANNA CT. ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDSD VOTAPKA, KEN 6 VANNA CT ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	☑ 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
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 exemptions contained 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 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: 4-3-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #