## 2008 NOT-FOR-PROFIT CORPORATION

## FILED May 05, 2008 8:00 am Secretary of State

	THE TELL			_
	ANNUAL REF	ORT		
2000 1101	1 011 110111	$\circ$	010/11/01	

1. Entity Name TUSCANY POINTE PHASE 1 HOMEOWNERS' ASSOCIATION, INC.					05-05-2008 9	90262 031	****61.2	.5	
Principal Place 2884 S OSCE ORLANDO, FI	EOLA AVENUE	Mailing Address 2884 S OSCEOLA AVENU ORLANDO, FL 32806	É			irii 2011 89111 891	Il bilbi isilb sill	: mi 61 Mai	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04222008 Chg-NP	CR2E03	7 (12/06)		
City & State	e	City & State			4. FEI Number 59-3554915			olied For Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Addi Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New	Registered A	gent		
FERDINAN	NDSËN ENTERPRISES, INC.		Name						
2884 S. O.	SCEOLA AVENUE D, FL 32806		Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City				Zip Code	<del>,-</del>	
						FL	2.5 0000		
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							<del></del>	\	
	Signature, typed or printed name of registered agent	and title it applicable. (NOTE:	Registered Agent signat	ure required	i when reinstaing)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co				Make check orida Depart			
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES TO OFFIC				
TITLE	Р	☐ Delete	TITLE		ctor		Change	Addition	
NAME	CORDOVA, MARIO		NAME		se Ayala Tuscany Pointe	Au			
STREET ADDRESS CITY - ST - ZIP	26 VANNA CT.   ORLANDO, FL 32807		STREET ADDRESS CITY-ST-ZIP		ando FL 3280				
TITLE	VP	☐ Defete	TITLE	<u> </u>	<del>4 00 j. 12 30 00</del>		Change	☐ Addition	
NAME	SHOEMAKER, DON		NAME						
STREET ADDRESS CITY-ST-ZIP	34 VANNA CT. ORLANDO, FL 32807		STREET ADDRESS City-ST-ZIP						
TITLE	D	Deleie	TITLE				☐ Change	Addition	
NAME	VOTAPKA, KEN	Delete	H NAME				L) Glarige	C Addition	
STREET ADDRESS	6 VANNA CT		STREET ADDRESS	<u> </u>					
CITY-ST-ZiP	ORLANDO, FL 32807		CITY-ST-7IP	<u> </u>				<u></u>	
TITLE NAME	Juan Aviles	☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	1121 Tuscanu Point	e Ave	STREET ADDRESS						
CITY-ST-ZIP	101/2000 FT 3080	न े	CITY-ST-ZIP						
TITLE	Director	☐ Delete	TITLE			_	☐ Change	Addition	
NAME	David Charry 137 Tuscony Pointe	Ano	NAME					ļ	
STREET ADDRESS CITY-ST-ZIP	Octando, FL 32	1807	STREET ADDRESS CITY-ST-7:P						
TITLE	Director	Delete	TITLE			<u>.</u>	☐ Change	☐ Addition	
NAME	Took Bonilla		NAME				[_] Onlinge	Addition	
STREET ADDRESS	231 Tuscany Point	te Aue	STREET ACORESS	}					
CITY-ST-ZIP	Orlando, FL 32		CITY-ST-ZIP	<u> </u>		_			
12. I hereby certify that the information supplied with this filling 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 co	rporation or the receiver or trustee emp t, or on an attachment with an address	lowered to execute this report a	is required by Ch	apter 61	7, Florida Statutes; and that my na	me appears is	1 Block 10 or	Block 11 if	
	S 00 30	)			ilalor				
SIGNATURE:    SIGNATURE   1/24   08									
1	SIGNM INTER AND IT PER OR	FRANCE MAME UP SIGNING OFFICER C	IN DIRECTOR		Date	-	oynois trione #		