2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900000686

FILED Apr 14, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2884 S OSCEOLA AVENUE ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** 2884 S OSCEOLA AVENUE ORLANDO, FL 32806 FEI Number: 59-3554915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERDINANDSEN ENTERPRISES, INC. 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CORDOVA, MARIO BONILLA, TONY Name: Name: 26 VANNA CT. Address: 231 TUSCANY POINT AVE Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: ORLANDO, FL 32807 Title: Title: (X) Change () Addition () Delete SHOEMAKER, DON Name: SHOEMAKER, DON Name: Address: 34 VANNA CT. Address: 34 VANNA CT. City-St-Zip: ORLANDO, FL 32807 City-St-Zip: ORLANDO, FL 32807 Title: () Delete Title: () Change () Addition VOTAPKA, KEN Name: Name: Address: 6 VANNA CT Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: Title: () Delete Title: () Change () Addition AYOLA, JOSÈ Name: Name: 140 TUSCANY POINTE AVE Address: Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: Title: () Delete Title: (X) Change () Addition AVILES, JUAN AVILES, JUAN Name: Name: 121 TUSCANY POINTE AVE 121 TUSCANY POINTE AVE Address: Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: ORLANDO, FL 32807 Title: () Delete Title: (X) Change () Addition CHORRY, DANTE CHARRY, DAVID Name: Name: Address: 137 TUSCANY POINTE AVE. Address: 137 TUSCANY POINTE AVE. ORLANDO, FL 32807 ORLANDO, FL 32807 City-St-Zip: City-St-Zip:

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: DAVID CHARRY P 04/14/2009