3/19/

FILED
Apr 21, 2002 8:00 am
Secretary of State
03-19-2002 90035 024 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000687

1. Entity Name
TUSCANY POINTE PHASE II HOMEOWNERS ASSOC.

24622

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
135 W. Pineview Street Suite, Apt. #, etc.	135 W. Pineview street Suite, Apt. #, etc.	
City & State: ALTAMONTE SPRINGS, FL	City & State: ALTAMONTE SPRINGS, FL	4. FEI Number: 59-3555648 ☐ Applied For ☐ Not Applicable
Zip: 32714 Country: US	Zip: 32714 Country: US	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Presidential Group South, Inc.

Street Address (P.O. Box Number is Not Acceptable): 135 W. Pineview Street

City: Altamonte Springs **FL** Zip Code: 32714

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.

SIGNATURE: Anthony Guadagnino, President 4/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARMEN DIAZ 7055 Carna Coaurt Orlando, Fl 32807	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Julia Berthinet 223 Seville Pointe Avenue Orlando, 32807	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Manual Cordova 202 Seville Pointe Orlando, Fl 32807	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Luis Rivera 239 Seville Pointe Avenue Orlando, Fl 32807	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Guillermo Perez 125 Seville Pointe AVenue Orlando, Fl 32807	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen L. Diaz 2/27/02 407-306-6208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #