


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90063 034 ****61.25

DOCUMENT # N99000000687					
1. Entity Name TUSCANY POINTE PHASE 2 HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714			Mailing Address 135 W PINEVIEW STREET 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		Country		01072005 Chg-NP CR2E037 (10/03)	
4. FEI Number 90-0171293				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRESIDENTIAL GROUP SOUTH 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$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 VD NAME BAUMBACH, STEVE STREET ADDRESS 243 SEVILLE POINTE AVE. CITY-ST-ZIP ORLANDO, FL 32807	<input type="checkbox"/> Delete		TITLE VPD NAME JENNIFER RYAN STREET ADDRESS 7028 CARNA CT. CITY-ST-ZIP ORLANDO, FL 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME STENGER, REGINA STREET ADDRESS 136 SEVILLE POINTE AVE. CITY-ST-ZIP ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete		TITLE PD NAME DIANNA GUTIERREZ STREET ADDRESS 333 Seville Pointe Ave CITY-ST-ZIP ORLANDO, FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE JD NAME JACKSON, JOHNNY STREET ADDRESS 109 SEVILLE POINTE AVE. CITY-ST-ZIP ORLANDO, FL 32807	<input type="checkbox"/> Delete		TITLE D NAME BILL TSAPOGAS STREET ADDRESS 100 Seville Pointe Ave CITY-ST-ZIP ORLANDO, FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FERNANDEZ, JORGE STREET ADDRESS 7049 CARNA COURT CITY-ST-ZIP ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete		TITLE D NAME Bill Tsapogas STREET ADDRESS 100 Seville Pointe Ave CITY-ST-ZIP ORLANDO, FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Johnny F. Jackson</u> JOHNNY F. JACKSON 03/27/05 407-852-1110					