

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 90-0171293	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PRESIDENTIAL GROUP SOUTH 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAUMBACH, STEVE 243 SEVILLE POINTE AVE. ORLANDO, FL 32807	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYAN, JENNIFER 7028 CARNA CT ORLANDO, FL 32807	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, JOHNNY 109 SEVILLE POINTE AVE. ORLANDO, FL 32807	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUTIERREZ, DIANNA 333 SEVILLE POINTE AVE ORLANDO, FL 32807	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSAPOGAS, BILL 100 SEVILLE POINTE AVE ORLANDO, FL 32807	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
☐ Change ☐ Addition					
U00000517823 05/01/06-80061-006 61.25					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ 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: _____ 04/12/06 407-362-7521					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					