

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90202 021 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ 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 the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when re-electing) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME BAUMBACH, STEVE STREET ADDRESS 243 SEVILLE POINTE AVE CITY-ST-ZIP ORLANDO, FL 32807	☒ Delete		TITLE PRES. GONZALEZ, NATALIE STREET ADDRESS 101 SEVILLE POINTE AVE. CITY-ST-ZIP ORLANDO, FL 32807	☐ Change ☒ Add	
TITLE PD NAME RYAN, JENNIFER STREET ADDRESS 7028 CARNA CT CITY-ST-ZIP ORLANDO, FL 32807	☒ Delete		TITLE VP GUTIERREZ, JESSICA STREET ADDRESS 100 SEVILLE POINTE AVE. CITY-ST-ZIP ORLANDO, FL 32807	☐ Change ☒ Add	
TITLE TD NAME JACKSON, JOHNNY STREET ADDRESS 109 SEVILLE POINTE AVE. CITY-ST-ZIP ORLANDO, FL 32807	☒ Delete		TITLE SEC. DOSTELL, MICHELLE STREET ADDRESS 354 SEVILLE POINTE AVE. CITY-ST-ZIP ORLANDO, FL 32807	☐ Change ☒ Add	
TITLE SD NAME GUTIERREZ, DIANNA STREET ADDRESS 333 SEVILLE POINTE AVE CITY-ST-ZIP ORLANDO, FL 32807	☒ Delete		TITLE TRES. CORDOVA, MANUEL STREET ADDRESS 203 SEVILLE POINTE AVE. CITY-ST-ZIP ORLANDO, FL 32807	☐ Change ☒ Add	
TITLE D NAME TSAPOGAS, BILL STREET ADDRESS 100 SEVILLE POINTE AVE CITY-ST-ZIP ORLANDO, FL 32807	☒ Delete		TITLE ARC. GUTIERREZ, JESSICA STREET ADDRESS 100 SEVILLE POINTE AVE. CITY-ST-ZIP ORLANDO, FL 32807	☐ Change ☒ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE DAVIDA, JASCA STREET ADDRESS 231 SEVILLE POINTE AVE. CITY-ST-ZIP ORLANDO, FL 32807	☐ Change ☒ Add	
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 changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <i>Natalie E. Sazan</i>			Date: <i>4-5-07</i>		Daytime Phone #: <i>407-340-7721</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					