

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90198 005 ****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

4. FEI Number **59-3555648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PD** ☒ Delete
NAME **DIAZ, CARMEN**
STREET ADDRESS **7055 CARNA COURT**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **VD** ☒ Delete
NAME **BERTHINET, JULIA**
STREET ADDRESS **223 SEVILLE POINTE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **STD** ☒ Delete
NAME **CORDOVA, MANUEL**
STREET ADDRESS **202 SEVILLE POINTE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☒ Delete
NAME **RIVERA, LUIS**
STREET ADDRESS **239 SEVILLE POINTE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☒ Delete
NAME **PEREZ, GUILLERMO**
STREET ADDRESS **125 SEVILLE POINTE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **JOHN DONTRICH**
STREET ADDRESS **100 SEVILLE POINTE AVE.**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **VD** ☐ Change ☒ Addition
NAME **STEVE BAUMBACH**
STREET ADDRESS **243 SEVILLE POINTE AVE.**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **SD** ☐ Change ☒ Addition
NAME **REGINA STENGER**
STREET ADDRESS **136 SEVILLE POINTE AVE**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **TD** ☐ Change ☒ Addition
NAME **JOHNNY JACKSON**
STREET ADDRESS **109 SEVILLE POINTE AVE.**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **D** ☐ Change ☐ Addition
NAME **JORGE FERNANDEZ**
STREET ADDRESS **7049 CARNA COURT**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

3-25-03 407-382-5191

CR2E037 (10/02)