# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 20, 2006**
**Secretary of State**

DOCUMENT# N99000006940

**Entity Name:** TUSCANY OF WINTERSET HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

478 TALAMONE DRIVE
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

478 TALAMONE DRIVE
WINTER HAVEN, FL 33884

**New Mailing Address:**

**FEI Number: 59-3610859** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORRELL, GAIL L
478 TALAMONE DRIVE
WINTER HAVEN, FL 33884 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete
Name: GILBERT, GARY G PRES.
Address: 424 TALAMONE DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: DONLEY, WESLEY C DIRECT
Address: 2235 CRUMP RD.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: SISSON, SCOTT S DIRECT
Address: 412 TALAMONE DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP ( ) Delete
Name: SCHMIDT, ROGER V.PRES
Address: 441 TALAMONE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: SECY ( ) Delete
Name: GORRELL, GAIL L SECY.
Address: 478 TALAMONE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL L. GORRELL SECY 02/20/2006
Electronic Signature of Signing Officer or Director — Date