FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:39

DOCUMENT # S47771 (8)

1. Corporation Name
TUSCANY HOMES, INC.

Principal Place of Business	Mailing Address
700 N. WICKHAM ROAD. SUITE 201 MELBOURNE FL 32935	P.O. BOX 410457 MELBOURNE FL 32941-0457 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/24/1991
3a. Date of Last Report: 09/23/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-3066993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

FOLENO, GARY J.
1703 SOUTH WASHINGTON AVENUE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: LISA F. FOLENO
82 Street Address (P.O. Box Number is Not Acceptable): 1703 SOUTH WASHINGTON AVE.
83:
84 City: TITUSVILLE FL 85 Zip Code: 32780

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lisa F. Foleno LISA F. FOLENO 1-20-95
(Signature of or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☑ Change ☐ Addition PTD.
NAME	FOLENO, GARY J	1.2 NAME	FOLENO, LISA F.
STREET ADDRESS	700 N. WICKHAM ROAD, SUITE 201	1.3 STREET ADDRESS	1703 S. WASHINGTON AVE.
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	VSD	2.1 TITLE	☑ Change ☐ Addition "N/A"
NAME	FOLENO, RONALD J	2.2 NAME	REMOVED FROM
STREET ADDRESS	700 N. WICKHAM ROAD, SUITE 201	2.3 STREET ADDRESS	CORPORATION
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to an attachment with an asterisk.

SIGNATURE: [signature] GARY J. FOLENO 1-20-95 (407) 253-4746
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420040 FP