

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004664

Entity Name: TUSCAN RIDGE MASTER HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 02, 2013
Secretary of State
CC4729220501

Current Principal Place of Business:

112 POLO PARK EAST BLVD
DAVENPORT, FL 33897

Current Mailing Address:

112 POLO PARK EAST BLVD
DAVENPORT, FL 33897 US

FEI Number: 59-3730425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EXTREME MANAGEMENT TEAM
112 POLO PARK EAST BLVD
DAVENPORT, FL 33897 US

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

Officer/Director Detail :

Title DP
Name DEMAREST, MICHELLE
Address 112 POLO PARK EAST BLVD
City-State-Zip: DAVENPORT FL 33897

Title D, TREASURER
Name SCHMIDT, RICHARD C
Address 112 POLO PARK EAST BLVD
City-State-Zip: DAVENPORT FL 33897

Title DS
Name LESLIE, CLARINE
Address 112 POLO PARK EAST BLVD
City-State-Zip: DAVENPORT FL 33897

Title DIRECTOR, VP
Name DUNN, JOE
Address 112 POLO PARK EAST BLVD
City-State-Zip: DAVENPORT FL 33897

Title DIRECTOR
Name BRETT, LYNDA
Address 112 POLO PARK EAST BLVD
City-State-Zip: DAVENPORT FL 33897

I hereby 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 all other like empowered.

SIGNATURE: CLARINE LESLIE

SECRETARY

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date