

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005954

FILED
Feb 02, 2016
Secretary of State
CC0692880959**Entity Name:** TUSCANY ESTATES AT THE LAKES OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**12829 BRUNELLO CIRCLE
CLERMONT, FL 34711**Current Mailing Address:**P.O. BOX 121774
CLERMONT, FL 34712 US**FEI Number: 46-5336801****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRISTI, ANDERSON
12829 BRUNELLO CIRCLE
SUITE 400
CLERMONT, FL 34711 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	D
Name	JONES, GARY L
Address	12801 BRUNELLO CIRCLE
City-State-Zip:	CLERMONT FL 34711

Title	DVP
Name	ANDERSON, MATHEW
Address	12829 BRUNELLO CIRCLE
City-State-Zip:	CLERMONT FL 34711

Title	DS
Name	NALL, STEPHANIE
Address	16306 ST. AUGUSTINE STREET
City-State-Zip:	CLERMONT FL 34714

Title	DIRECTOR
Name	HUNTER, SCOTT
Address	12931 BRUNELLO CIRCLE
City-State-Zip:	CLERMONT FL 34711

Title	D, PRESIDENT
Name	DOUCETTE, JIM
Address	3746 TUMBLING RIVER DRIVE
City-State-Zip:	CLERMONT FL 34711

Title	T
Name	ANDERSON, KRISTI
Address	12829 BRUNELLO CIRCLE
City-State-Zip:	CLERMONT FL 34711

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: GARY L. JONES**DIRECTOR****02/02/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date