

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001874

**FILED**  
**Apr 17, 2008**  
**Secretary of State**

**Entity Name:** TUSCANY COVE MASTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15100 COLLIER BLVD.  
NAPLES, FL 34119

**New Principal Place of Business:**

C/O R&P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104

**Current Mailing Address:**

15100 COLLIER BLVD.  
NAPLES, FL 34119

**New Mailing Address:**

C/O R&P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104

**FEI Number:** 56-2328743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 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: PD ( ) Delete  
Name: ELÍAS, RONI  
Address: 15100 COLLIER BLVD.  
City-St-Zip: NAPLES, FL 34119

Title: VPD ( ) Delete  
Name: MERCER, RICK  
Address: 15100 COLLIER BLVD.  
City-St-Zip: NAPLES, FL 34119

Title: STD ( ) Delete  
Name: BECKNER, JOAN E  
Address: 15100 COLLIER BLVD  
City-St-Zip: NAPLES, FL 34119

**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:

I hereby certify that the information supplied with this filing does not qualify 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: RONI ELIAS

PD

04/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date