

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90204 012 ****70.00

DOCUMENT # N00000004924



1. Entity Name
**TUSCANY AT HERON BAY HOMEOWNERS'
ASSOCIATION, INC.**

Principal Place of Business
**11575 HERON BAY BLVD.
CORAL SPRINGS, FL 33076**

Mailing Address
**24301 WALDEN CENTER DR., SUITE 300
BONITA SPRINGS, FL 34134**

24074740



2. Principal Place of Business

3. Mailing Address

11575 Heron Bay Bl.

02092004 Chg-NP

CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor

City & State

City & State

Coral Springs, FL

4. FEI Number
65-1031392

Applied For

Not Applicable

Zip

Country

Zip

Country

34134 Broward

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NYQUIST, JAMES N.
11575 HERON BAY ROAD
CORAL SPRINGS, FL 33076**

**The Law Offices of Katzman & Korr, P.A.
5581 W. Oakland Park Blvd., 2nd Floor
Lauderhill, Florida 33313**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Ferren L. Korr, Esq. **05/06/04**

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **TRICASICO, MAURICE**
STREET ADDRESS **11575 HERON BAY BLVD.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **RIVERA, NEIL**
STREET ADDRESS **11575 HERON BAY BLVD.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **Charles**
STREET ADDRESS **HOUGH, CHARLES**
CITY-ST-ZIP **11575 HERON BAY BLVD**
CORAL SPRINGS, FL 33076

TITLE ☒ Change ☐ Addition
NAME **Charles**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MICHAELS, EDWARD**
STREET ADDRESS **11575 HERON BAY BLVD.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DORR, KEVIN**
STREET ADDRESS **11575 HERON BAY BLVD.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Nyquist **Property manager** **4/3/04** **954-825-4670**