


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90088 046 ****61.25

DOCUMENT # N00000004924

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



Principal Place of Business
 11784 WEST SAMPLE RD
 SUITE 103
 CORAL SPRINGS, FL 33065

Mailing Address
 11784 WEST SAMPLE RD
 SUITE 103
 CORAL SPRINGS, FL 33065

00024873



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-1031392

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KATZMAN & KORR-PA
 1501 NW 49th ST
 STE 202
 FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
 United Community Mgmt Corp
 Street Address (P.O. Box Number is Not Acceptable)
 11784 W. Sample Rd.
 City
 Coral Springs FL Zip Code
 33065

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 Venice Kattaras UP Finance United Comm Mgmt 2/28/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
 Due by May 1, 2007

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TRICASICO, MAURICE	
STREET ADDRESS	11575 HERON BAY BLVD.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOUGH, CHARLES	
STREET ADDRESS	11575 HERON BAY BLVD	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARROTT, TERRI	
STREET ADDRESS	11575 HERON BAY BLVD	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAKIN, LYN	
STREET ADDRESS	15752 NW 119TH DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	SUZANNE MOORE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5873 N.W. 120th Ave
STREET ADDRESS		Coral Springs, FL 33076
CITY-ST-ZIP		
TITLE	SD	Panbianco, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5817 n.w. 119th
STREET ADDRESS		CORAL SPRINGS, FL 33076
CITY-ST-ZIP		
TITLE	PD	TERRI L. PARROTT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5774 N.W. 120th Ave
STREET ADDRESS		Coral Springs FL 33076
CITY-ST-ZIP		
TITLE	TD	MICHAEL LAYNE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5880 N.W. 120th Ave
STREET ADDRESS		Coral Springs FL 33076
CITY-ST-ZIP		
TITLE	D	Joseph Lobl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5720 N.W. 120th Ave
STREET ADDRESS		Coral Springs, FL 33076
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: TERRI L. PARROTT TERRI L. PARROTT, Pres Tuscany HOA 3/13/07 423-7926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #