


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90329 001 ****61.25

DOCUMENT # N01000006205		
1. Entity Name TUSCANY AT ABACOA HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418	Mailing Address 4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418
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50037900

2. Principal Place of Business c/o Capital Realty Advisors Suite, Apt. #, etc. 600 Sandtree Dr., Ste 109 City & State Palm Beach Gardens, FL Zip 33403 Country Palm Beach	3. Mailing Address c/o Capital Realty Advisors Suite, Apt. #, etc. 600 Sandtree Dr., Ste 109 City & State Palm Beach Gardens, FL Zip FL-33403 Country Palm Beach
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01252005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1136317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHANNON, WILLIAM E 4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418	
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7. Name and Address of New Registered Agent Name Donna McDonald Street Address (P.O. Box Number is Not Acceptable) c/o Capital Realty Advisors 600 Sandtree Drive, Ste 109 City Palm Beach Gardens FL Zip Code 33403	
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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 <i>Donna McDonald</i>	DATE 3-31-05
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, RICHARD E 4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD August Curcio 1869 W. Frederick Small Road Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, HARMON D 4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Joseph O'Connell 315 San Remo Dr. Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHANNON, WILLIAM E 4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Matt Brestle 1932 Jenga Dr. Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Marcia Harris 3423 Greenway Dr. Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Kauffman 1597 Jenga Dr. Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Marcia Atkins Harris</i>	MARCIA ATKINS HARRIS 4/13/2005 (561) 575-5423
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #