

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90374 049 ****61.25

DOCUMENT # N01000006205					
1. Entity Name TUSCANY AT ABACOA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CAPITAL REALTY ADVISORS 600 SANDTREE DR STE 109 WEST PALM BEACH, FL 33403			Mailing Address C/O CAPITAL REALTY ADVISORS 600 SANDTREE DR STE 109 WEST PALM BEACH, FL 33403		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent MCDONALD, DONNA C/O CAPITAL REALTY ADVISORS 600 SANDTREE DR STE 109 WEST PALM BEACH, FL 33403				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 state if applicable. (NOTE: Registered Agent signature required when resigning)					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006			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	PD	☒ Delete	TITLE	SECRETARY	☐ Change ☒ Addition
NAME	CURCIO, AUGUST		NAME	JAMES HOTCHKISS	
STREET ADDRESS	1869 W FREDERICK SMALL RD		STREET ADDRESS	1955 W. Frederick Small Rd.	
CITY-STATE-ZIP	JUPITER, FL 33458		CITY-STATE-ZIP	Jupiter, FL 33458	
TITLE	VD	☒ Delete	TITLE	V.P.	☐ Change ☒ Addition
NAME	O'CONNELL, JOSEPH		NAME	JOSEPH IANNO	
STREET ADDRESS	316 SAN REMO DR		STREET ADDRESS	144 SOUVENIR DR.	
CITY-STATE-ZIP	JUPITER, FL 33458		CITY-STATE-ZIP	Jupiter, FL 33458	
TITLE	SD	☒ Delete	TITLE	TREASURER	☐ Change ☒ Addition
NAME	BRESTLE, MATT		NAME	JOSH MCALPES	
STREET ADDRESS	1932 JEAGA DR		STREET ADDRESS	272 SAN REMO DR.	
CITY-STATE-ZIP	JUPITER, FL 33458		CITY-STATE-ZIP	Jupiter, FL 33458	
TITLE	TD	☒ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	HARRIS, MARCIA		NAME	BORIS MAGIDSON	
STREET ADDRESS	3423 GREENWAY DR		STREET ADDRESS	152 SCIMITAR DR.	
CITY-STATE-ZIP	JUPITER, FL 33458		CITY-STATE-ZIP	Jupiter, FL 33458	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	KAUFFMAN, RON		NAME		
STREET ADDRESS	1597 JEAGA DR		STREET ADDRESS		
CITY-STATE-ZIP	JUPITER, FL 33458		CITY-STATE-ZIP		
TITLE		☒ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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: <u>Joseph Ianno</u> 4/3/06.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					