2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 04, 2008 8:00 am Secretary of State

	AIIIIOAL	1421 0141			or commy	01 ~ 00		
1. Entity Nam TUSCAN' INC. D/1	Y AT DAVIE HOMEOWNER BLACKHOU		3-04-2008 90032 (022 ****61	.25			
Principal Place of Business 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 83085		Mailing Address 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		6	60046179			
	lace of Business - No P.O. Box # DYKES ROAD	3. Mailing Address 6850 DYKES ROAD						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ng-NP CR2E	037 (12/06)		
City & State SOUTHWEST RANCHES, F		City & State SOUTHWEST PANCHES, F		4. FEI Number 27-004069	5	} - - - - - - - - - - 	plied For Applicable	
^{Zip} 3333			Seows			\$8.75 Addi Fee Required		
	6. Name and Address of Current F	tegistered Agent		7. Name and Add	ress of New Registered	d Agent		
			Name					
				dress (P.O. Box Number is I	(P.O. Box Number is Not Acceptable)			
			ら City	TE 300		■ Zip Code) .	
8. The above named entity sulfinits 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 registereft eigent.								
SIGNATURE .	Signatury, typed or panted name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signature	e required when reinstating)	DATE	700		
Di	Filing Fee is \$61.25 ue by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		ck payable to artment of St		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	DIRECTORS IN	10	
TITLE NAME	PD WILLS, DEBORAH	□ De lete		DEBORAH C		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065			6850 DYKES SOUTHWEST	RANCHES	FL 33	1 <i>E</i> B8	
TITLE NAME	VD PAIGO, RANDY	Delete		PRESIE STEPHEN P	MELIANIT	☐ Change	Addition	
STREET ADDRESS City-St-Zip	2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065			6850 DYKE		ES, FL	33331	
TITLE NAME	STD GUILLOTTE, JOSEPH	Delete		TREASURER		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		STREET ADDRESS (1880 DARE	5 POAD	~	0=03)	
TITLE	CONAL SFRINGS, LE 33003	☐ Delete	TITLE	SOUTHWES	TKALCH	☐ Change	_ 3333\ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
OTTLE F FEBRUARY			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:

GNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-08

Daytime Phone #