2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N02000006853

1. Entity Name
THE TUSCANY OF PALM BEACH CONDOMINIUM



FILED Apr 04, 2005 8:00 am Secretary of State 04-04-2005 90059 027 ****61.25

CITY-SI-ZIP SOUTH PALM BEACH, FL 33480 CITY-SI-ZIP S. PALM BEACH, FL 33480	ASSOCIA	ATION, INC.		6					
Suite. Apt. #, etc. Suite. Apt. #, etc. Cry & State Cr	3570 SOUTH	I OCEAN BOULEVARD	3570 SOUTH OCEAN I		US				
Suite. Apt. #, etc. Suite. Apt. #, etc. Cry & State Cr	2. Principal P	face of Business	3. Mailing Address	•					
City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Sincertificate of Status Desired For Application Sincertificate of Status Desired For Applications Sincertificate For Address of Current Registered Agent Name Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip		1400 St BBB11000	or maning / consos	Address		2 remittet att nation	i fieri eelii eelii eelii eelin eelii eelii	BITEL TOTAL BURB S	HITO OF 1023
22-3878029	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01182005 C	hg-NP CR2EC	037 (10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistions of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistions of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistions of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistions of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistions of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistions of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistions of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistions of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistic or registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistic or registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistic or registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistic or registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistic or registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistic or registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistic or registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistic or registered agent, or both, in the State of Florida. I am fa	City & State	е	City & State	City & State			29	 +	<u></u>
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Street Address (P.O. Box Number is Not Acceptable) 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 eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is. \$61.25- Due by May 1, 2005 B. Election Campaign Financing Trust Fund Contribution. PD Trust Fund Contribution. TRE NME TRET INDRA STREET ADDRESS STREET A		6. Name and Address of Current f	Registered Agent			7. Name and Add	dress of New Registered	Agent	
SOUTH PALM BEACH, FL 33480 City FL Zip Code City City City City City City FL Zip Code City	TAFT LIN	DA	•	N	ame -				
B. 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, hond or present names agent and steel agesticate. Filling Foe: to: \$61.25	3570 SOUTH OCEAN DRIVE Street Address (P.O. Box Number is Not Acceptable)								· · · · · · · · · · · · · · · · · · ·
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12. Thereby 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		·	<u> </u>						

indicated on this report or supplemental report is true at of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all le and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director red to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered.

SIG	NΔ	TH	RF
JIU	117		

NG OFFICER OR DIRECTOR

561585-948