

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90011 042 ****61.25

DOCUMENT # N02000006853

1. Entity Name

THE TUSCANY OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3570 SOUTH OCEAN BOULEVARD SOUTH PALM BEACH FL 33480 US	3570 SOUTH OCEAN BOULEVARD SOUTH PALM BEACH FL 33480 US



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

TAFT, LINDA
3570 SOUTH OCEAN DRIVE
SOUTH PALM BEACH FL 33480

4. FEI Number **22-3878029** Applied For Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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	BD	<input type="checkbox"/> Delete
NAME	TAFT, LINDA	
STREET ADDRESS	3570 S. OCEAN BLVD	
CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	REDMOND, DAVID	
STREET ADDRESS	3570 S. OCEAN BLVD	
CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLOMBO, MARIE	
STREET ADDRESS	3570 S. OCEAN BLVD	
CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, SAUL	
STREET ADDRESS	3570 S. OCEAN BLVD	
CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZMAN, MARILYN	
STREET ADDRESS	3570 S. OCEAN BLVD	
CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDSMITH, ADRIAN	
STREET ADDRESS	3570 S. OCEAN BLVD	
CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBORAH ROBINSON	
STREET ADDRESS	3570 S. OCEAN BLVD	
CITY-ST-ZIP	S. PALM BEACH, FL 33480	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINA MAUG	
STREET ADDRESS	3570 S. OCEAN BLVD	
CITY-ST-ZIP	S. PALM BEACH, FL 33480	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS LAUER	
STREET ADDRESS	3570 S. OCEAN BLVD	
CITY-ST-ZIP	S. PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Section 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: *Marie Colombo* **MARIE COLOMBO** 3/2/06 561-585-9404