
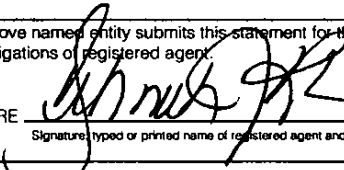
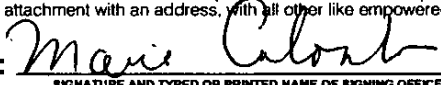


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90332 006 ****61.25

DOCUMENT # N02000006853					
1. Entity Name THE TUSCANY OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3570 SOUTH OCEAN BOULEVARD SOUTH PALM BEACH, FL 33480 US			Mailing Address 3570 SOUTH OCEAN BOULEVARD SOUTH PALM BEACH, FL 33480 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04112007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-3878029	
Zip		Zip		Country	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TAFT, LINDA 3570 SOUTH OCEAN DRIVE SOUTH PALM BEACH, FL 33480				Name DEBORAH ROBINSON	
				Street Address (P.O. Box Number is Not Acceptable)	
				3570 SOUTH OCEAN BLVD.	
				City SOUTH PALM BEACH FL	
				Zip Code 33480	
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 		DEBORAH ROBINSON		4/13/07	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAFT, LINDA		NAME	KAREN AMABILE	
STREET ADDRESS	3570 S. OCEAN BLVD		STREET ADDRESS	8711 NW 82 ND ST.	
CITY-ST-ZIP	SOUTH PALM BEACH, FL 33480		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, DEBORAH		NAME	RONALD KOWALKOWSKI	
STREET ADDRESS	3570 S. OCEAN BLVD		STREET ADDRESS	PO BOX 428	
CITY-ST-ZIP	SOUTH PALM BEACH, FL 33480		CITY-ST-ZIP	MONTPELIER, VT 05601	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLOMBO, MARIE		NAME	ANN ADAMS	
STREET ADDRESS	3570 S. OCEAN BLVD		STREET ADDRESS	3570 S. OCEAN BLVD.	
CITY-ST-ZIP	SOUTH PALM BEACH, FL 33480		CITY-ST-ZIP	SOUTH PALM BEACH, FL 33480	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANG, CHRISTINA		NAME		
STREET ADDRESS	3570 S. OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	SOUTH PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZMAN, MARILYN		NAME		
STREET ADDRESS	3570 S. OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	SOUTH PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUER, DENNIS		NAME		
STREET ADDRESS	3570 S. OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	SOUTH PALM BEACH, FL 33480		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: 		MARIE COLOMBO		4/12/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	
				561.585.9404	