


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

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
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02282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3878029	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ROBINSON, DEBORAH 3570 SOUTH OCEAN DRIVE SOUTH PALM BEACH, FL 33480

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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: _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAFT, LINDA 3570 S. OCEAN BLVD SOUTH PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINSON, DEBORAH 3570 S. OCEAN BLVD SOUTH PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLOMBO, MARIE 3570 S. OCEAN BLVD SOUTH PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MANG, CHRISTINA 3570 S. OCEAN BLVD SOUTH PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZMAN, MARILYN 3570 S. OCEAN BLVD SOUTH PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMABILE, KAREN 8711 NW 82 ST TAMARAC, FL 33321

U00000845470
03/13/08-80040-010 61.25

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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: C. Mang (CHRISTINA MANG) 2/29/08 561-585-9404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #