

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90158 019 ****61.25

DOCUMENT # N02000006853

1. Entity Name

THE TUSCANY OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3570 SOUTH OCEAN BOULEVARD
PALM BEACH FL 33480**

Mailing Address

**3570 SOUTH OCEAN BOULEVARD
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3878029

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WEBER, MARY E
3570 SOUTH OCEAN DRIVE
PALM BEACH FL 33480**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
NAME: ISOLINI, RICHARD J Delete
STREET ADDRESS: 3570 SOUTH OCEAN BLVD. #600
CITY-ST-ZIP: PALM BEACH FL 33480

TITLE: PD
NAME: LINDA TAPI Change Addition
STREET ADDRESS: 3570 S. OCEAN BLVD #403
CITY-ST-ZIP: PALM BEACH, FL 33480

TITLE: PD
NAME: SUOMU, ELMER J Delete
STREET ADDRESS: 3570 SOUTH OCEAN BLVD. #907
CITY-ST-ZIP: PALM BEACH FL 33480

TITLE: VPD
NAME: PETER FELDMAN #807 Change Addition
STREET ADDRESS: 3570 S. OCEAN BLVD
CITY-ST-ZIP: PALM BEACH, FL 33480

TITLE: TD
NAME: GOLDSMITH, ADRIAN Delete
STREET ADDRESS: 675 OCEAN AVENUE #5E
CITY-ST-ZIP: LONG BRANCH NJ 07440

TITLE: TD
NAME: MARILU DeVRIES Change Addition
STREET ADDRESS: 3570 S. OCEAN BLVD. #310
CITY-ST-ZIP: PALM BEACH, FL 33480

TITLE: PD
NAME: KATZMAN, MARILYN Delete
STREET ADDRESS: 448 BAYBERRY COURT
CITY-ST-ZIP: ENGLISHTOWN NJ 07726

TITLE: D
NAME: PATRECIA Le BIENVENUE Change Addition
STREET ADDRESS: 1500 NW 100th Way
CITY-ST-ZIP: PLANTATION, FL 33322

TITLE: SD
NAME: WEBER, MARY E Delete
STREET ADDRESS: 3570 SOUTH OCEAN BLVD. #900
CITY-ST-ZIP: PALM BEACH FL 33480

TITLE: D
NAME: SAUL SILVERMAN Change Addition
STREET ADDRESS: 3570 S. OCEAN BLVD #710
CITY-ST-ZIP: PALM BEACH, FL 33480

TITLE: D
NAME: FINK, STANLEY Delete
STREET ADDRESS: 5 B FOREST DRIVE
CITY-ST-ZIP: SPRINGFIELD NJ 07081

TITLE: D
NAME: EMANUEL STENSTROM Change Addition
STREET ADDRESS: 3570 S. OCEAN BLVD
CITY-ST-ZIP: PALM BEACH, FL 33480

12. I hereby 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 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: **SIGNATURE REQUIRED**

2-12-03 561-585-1242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)