2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000008467

FILED
06 OCT 24 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
TUSCANY NO. 4 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8190 STATE RD. 84 DAVIE, FL 33324	8190 STATE RD. 84 DAVIE, FL 33324

10092006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Miami Management, Inc.	Miami Management, Inc.
Suite, Apt. #, etc.: 1145 Sawgrass Corporate Parkway	Suite, Apt. #, etc.: 1145 Sawgrass Corporate Parkway
City & State: Sunrise, Florida	City & State: Sunrise, Florida
Zip: 33323 Country: Broward	Zip: 33323 Country: Broward

4. FEI Number 20-3328108 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATRICIA KIMBALL FLETCHER, P.A. 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	Name: Bakalar & Eichner, P.A. Street Address (P.O. Box Number is Not Acceptable): 150 South Pines Island Rd. Suite 540 City: Plantation FL Zip Code: 33324

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: Bakalar & Eichner 10/19/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHRAGER, MARLENE 8190 STATE RD. 84 DAVIE, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Merrifield, Glenford 1145 Sawgrass Corporate Parkway Sunrise FL 33323	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARALA, ALEXANDRA 8190 STATE RD. 84 DAVIE, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/TD Simmons, Emma 1145 Sawgrass Corporate Parkway Sunrise FL 33323	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VANESS, RICHARD 8190 STATE RD. 84 DAVIE, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Lawrence-Stample Grace 1145 Sawgrass Corporate Parkway Sunrise FL 33323	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200081152532 10/24/06--01041--008 **61.25	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

10/24

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: Merrifield 10/16/06

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