1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000006238

1. Corporation Name

TUSCANY ASSOCIATION, INC.

FILED Mar 02, 1999 8:00 am secretary of State

03-02-1999 90064 001 ****61.25

Principal Place of Business Mailing Address							
1690 S CONG		1690 S CONGRESS AVE			LERANDIN DIE VENER LEGIE DE VILLE EN L	 	
SUITE 200 SUITE 200							
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445					C TO RELIEU ALL TOTAL TOTAL DATE (ADVIT DATE	1) matti matta mitta timasa (timi sati taa)	
					*	the second second second	
2. Principal I	Place of Business	2a. Mailing Address		-	3. Date Incorporated or Qualifed		
ê '	Thicipal Place of Business 26				11/02/1998		
Suite Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number APPLIED FOR	Applied For	
	27		-,-,		APPLIED FOR	Not Applicable	
City & State		City & State	City & State		E Continue of Charles Decimal	\$8.75 Additional	
28		28			5. Certifcate of Status Desired	Fee Required	
Zip	Country Zip		Country		6. Election Campaign Financing	\$5.00 May Be	
24	25	29	30		Trust Fund Contribution	Added to Fees	
	9. Name and Address of Curren	t Registered Agent	$=$ \Box		10. Name and Address of New Reg	istered Agent	
			١	31 Nar	9		
D'ADDARIO, MERLE				32 Stre	Address (P.O. Box Number is Not Acceptable)		
1690 S CONGRESS AVE			L			···	
SUITE 200			8	33			
DELRAY BEACH FL 33445			1	84 City		85 Zip Code	
				1		_FL	
11. Pursuan	t to the provisions of Sections 617.050	2 and 617.1508, Florida Statute of Florida, Such change was ai	s, the about thorized I	ove-nam	d corporation submits this statement for the pul- poration's board of directors. I hereby accept the	pose of changing its registered	
agent. I	am familiar with, and accept the obligat	tions of, Section 617.0503, Flor	ida Statut	es.	d corporation submits this statement for the purporation's board of directors. I hereby accept the		
SIGNATURE	<u> </u>				· <u> </u>		
42	Signature, typed or printed name of registered agen		Registered A	gent signat	a required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12	
12.	PD OFFICERS AN	D DIRECTORS	1.1 771.1		1	☐ Change ☐ Addition	
	D'ADDARIO, MERLE		1.2 NAM			_ ,	
NAME	AND A CONOTION AND OFF AND			a. EET ADDRE		-	
STREET ADDRESS	DELRAY BEACH FL 33445	.50		-ST-ZIP			
CITY-ST-ZIP	VD	☐ DELETE	2.1 TITL			☐ Change ☐ Addition	
NAME	LEVY. JOANN		2.2 NAM				
				''- EETADORE			
STREET ADORESS	DELRAY BEACH FL 33445	.30		Y-ST-ZIP	-		
CITY-ST-ZIP	STD		2.4011	1-31-25		Change Addition	
NAME	RUSKIN, JERRY	☐ DELETE	3.1 TITL	E			
NAME STREET ADDRESS	The state of the s	☐ DELETE					
1	al teon & COMCERS AVE STE 2	_	3.2 NAM	Æ			
CITY-ST-ZIP		_	3.2 NAM 3.3 STRI	EET ADDRE	s		
	DELRAY BEACH FL 33445	_	3.2 NAM 3.3 STRI	IE EET ADDRE Y-ST-ZIP		☐ Change	
1		90	3.2 NAM 3.3 STRI 3.4. C(T)	IE EET ADDRE Y-ST-ZIP E	AT		
NAME	DELRAY BEACH FL 33445	90	3.2 NAM 3.3 STRI 3.4. C(T) 4.1 TITU	EET ADDRE Y-ST-ZIP E	AT PIVINSKI, JOSEPH	☐ Change	
NAME STREET ADDRESS	DELRAY BEACH FL 33445	90	3.2 NAM 3.3 STRI 3.4 C(T) 4.1 TITLI 4.2 NAM 4.3 STRI	EET ADDRE Y-ST-ZIP E ME	AT PIVINSKI, JOSEPH 1690 SOUTH CONGRESS AV	□ Change ☑ Addition	
STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL 33445	90	3.2 NAM 3.3 STRI 3.4 C(T) 4.1 TITLI 4.2 NAM 4.3 STRI	NE EET ADDRE Y-ST-ZIP E ME EET ADDRE	AT PIVINSKI, JOSEPH 1690 SOUTH CONGRESS AV DELRAY BEACH, FLORIDA	☐ Change	
STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL 33445	DELETE	3.2 NAM 3.3 STRI 3.4. C(TV) 4.1 TITU 4.2 NAM 4.3 STRI 4.4 C(TY)	EET ADDRE Y-ST-ZIP E ME	AT PIVINSKI, JOSEPH 1690 SOUTH CONGRESS AV DELRAY BEACH, FLORIDA AS	□ Change ☑ Addition TENUE SUITE 200 33445	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELRAY BEACH FL 33445	DELETE	3.2 NAM 3.3 STRI 3.4. CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM	EET ADDRE Y-ST-ZIP E ME	AT PIVINSKI, JOSEPH 1690 SOUTH CONGRESS AV DELRAY BEACH, FLORIDA AS LEVY, RICHARD	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELRAY BEACH FL 33445	DELETE	3.2 NAM 3.3 STRI 3.4 C(T) 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 C(T) 5.1 TITLI 5.2 NAM 5.3 STRI	NE EET ADDRE Y-ST-ZIP E EET ADORE /-ST-ZIP E EET ADDRE	AT PIVINSKI, JOSEPH 1690 SOUTH CONGRESS AV DELRAY BEACH, FLORIDA AS LEVY, RICHARD	☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELRAY BEACH FL 33445	DELETE	3.2 NAM 3.3 STRI 3.4 C(T) 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 C(T) 5.1 TITLI 5.2 NAM 5.3 STRI	NE EET ADDRE Y-ST-ZIP EET ADDRE /-ST-ZIP E NE EET ADDRE /-ST-ZIP	AT PIVINSKI, JOSEPH 1690 SOUTH CONGRESS AV DELRAY BEACH, FLORIDA AS LEVY, RICHARD	☐ Change	

14. 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 annual report or suppliemental approach eport 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 12 or Block 13 if Chapter 6, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

REQUIRED NN LEVY, SECRETARY