## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N98000006238

1. Entity Name TUSCANY ASSOCIATION, INC.



**FILED** Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90362 031 \*\*\*\*61.25

							II.S.					
Principal Place of Business 12589 VIA RAVENNA BOYNTON BEACH, FL 33436 US			125	ng Address 89 VIA RAVENNA NTON BEACH, FL	3436	US		}				
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03232006	Chg-NP	CR2E0	37 (11/05)		
City & State			City & State				_	4. FEI Number 65-1009			·	oplied For
Zip Country		Zip C		Cou	ountry		5. Certificate of	of Status Desired		\$8.75 Add	ditional	
	6. Name and	Address of Curren	t Register	ed Agent				7. Name and	Address of New I	Registered	<u>-</u>	·-
HENDRICI	KS ARTHUR	G				Name		-	-	<u> </u>		
HENDRICKS, ARTHUR G 12589 VIA RAVENNA BOYNTON BEACH, FL 33436					Street A	Street Address (P.O. Box Number is Not Acceptable)						
BOTH ON BENOTI, TE SOAGO												
						City				FL	Zip Cod	e
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.												and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)								when reinstating)		DATE		<del></del>
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Trust Fund Contrib						-		\$5.00 May Be Added to Fees			k payable to	
10.		OFFICERS AND D	IRECTORS	<u> </u>	11.			ADDITIONS/CHA	NGES TO OFFICE	ERS AND DI	RECTORS IN	l 10
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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:

Daytime Phone #