# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N98000006238**

**1.** Entity Name
**TUSCANY ASSOCIATION, INC.**

40057499

| Principal Place of Business | Mailing Address |
|---|---|
| 12589 VIA RAVENNA<br>BOYNTON BEACH, FL 33436   US | 12589 VIA RAVENNA<br>BOYNTON BEACH, FL 33436   US |

02222007   Chg-NP   CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | |
|---|---|---|
| TUSCANY C/O CAS | TUSCANY C/O C.AS | |
| Suite, Apt. #, etc.<br>12751 EL CLAIR RANCH Rd. | Suite, Apt. #, etc.<br>12751 EL CLAIR RANCH Rd | |
| City & State<br>BOYNTON BEACH, FL | City & State<br>BOYNTON BEACH, FL | **4.** FEI Number<br>65-1009817 |
| Zip<br>33437 | Country<br>PALM BEACH | Zip<br>33437 | Country<br>PALM BEACH CO. |

| | 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 |
|---|---|
| HENDRICKS, ARTHUR G<br>12589 VIA RAVENNA<br>BOYNTON BEACH, FL 33436 | Name MELISSA MASQUELIER<br>Street Address (P.O. Box Number is Not Acceptable)<br>C/O C.A.S. @ CORAL LAKES<br>12751 EL CLAIR RANCH Rd.<br>City BOYNTON BEACH   FL   Zip Code 33437 |

**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 *Melissa Masquelier*        3/27/07

Sign here under the printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

| **Filing Fee is $61.25**<br>**Due by May 1, 2007** | **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 | SD 1ST VP | ☐ Delete | TITLE SEC | | ☒ Change  ☐ Addition |
| NAME | PARKER, SANDRA | | NAME GEORGE ADASHKO | | |
| STREET ADDRESS | 12610 VIA LUCIA | | STREET ADDRESS 12601 VIA RAVENNA | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | | CITY-ST-ZIP BOYNTON BEACH, FL 33436 | | |
| TITLE | TD | ☐ Delete | TITLE | | ☐ Change  ☐ Addition |
| NAME | WINTON, BARBARA | | NAME | | |
| STREET ADDRESS | 12687 VIA LUCIA | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | | CITY-ST-ZIP | | |
| TITLE | D | ☒ Delete | TITLE | | ☐ Change  ☐ Addition |
| NAME | PERLINE, JERRY | | NAME | | |
| STREET ADDRESS | 12571 VIA VALENZA | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | | CITY-ST-ZIP | | |
| TITLE | PD | ☒ Delete | TITLE PD | | ☒ Change  ☐ Addition |
| NAME | HENDRICKS, ARTHUR | | NAME JOHN MCDONNELL | | |
| STREET ADDRESS | 12589 VIA RAVENNA | | STREET ADDRESS 12541 VIA RAVENNA | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | | CITY-ST-ZIP BOYNTON BEACH, FL 33436 | | |
| TITLE | VD 2ND VP | ☐ Delete | TITLE | | ☐ Change  ☐ Addition |
| NAME | ISSER, SANDY | | NAME | | |
| STREET ADDRESS | 12591 VIA LUCIA | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change  ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

**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: *John McDonnell*        4/9/07

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