

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001982

FILED
Mar 19, 2009
Secretary of State

Entity Name: TUSCANY POINTE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

300 ARAGON AVENUE
SUITE 210
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

300 ARAGON AVENUE
SUITE 210
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 61-1512290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, JUAN A P.A.
10251 SW 72 STREET, #106
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERNANDEZ, MIGDALIA
Address: 8964 W FLAGLER ST, APT 114
City-St-Zip: MIAMI, FL 33174

Title: VP () Delete
Name: MENENDEZ, FRANK
Address: 8440 SW 8 ST APT 401
City-St-Zip: MIAMI, FL 33144

Title: SD () Delete
Name: PEVEDA, ELIZABETH
Address: 8440 SW 8 ST, APT 306
City-St-Zip: MIAMI, FL 33144

Title: TD () Delete
Name: CAMPO, PEDRO L
Address: 9340 SW 25 ST
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: PIS-BENITEZ, MIGUEL
Address: 8430 SW 8 ST. APT 408
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGDALIA FERNANDEZ

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date