

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004924

FILED
Apr 12, 2021
Secretary of State
5530336818CC**Entity Name:** TUSCANY AT HERON BAY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**8010 N. UNIVERSITY DR.
C/O CAMPBELL PROPERTY MANAGEMENT
TAMARAC, FL 33321**Current Mailing Address:**8010 N. UNIVERSITY DR.
C/O CAMPBELL PROPERTY MANAGEMENT
TAMARAC, FL 33321 US**FEI Number:** 65-1031392**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPBELL PROPERTY MANAGEMENT
C/O CAMPBELL PROPERTY MANAGEMENT
8010 N UNIVERSITY DRIVE
TAMARAC, FL 33321 US*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:** KELLY CRITTENBERGER

04/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DEGREGORIO, JOEL
Address C/O CAMPBELL PROPERTY
 MANAGEMENT
 8010 N UNIVERSITY DRIVE
City-State-Zip: TAMARAC FL 33321

Title VP
Name SARACCO, THOMAS E
Address C/O CAMPBELL PROPERTY
 MANAGEMENT
 8010 N UNIVERSITY DRIVE
City-State-Zip: TAMARAC FL 33321

Title TREASURER
Name SERIANNI, ANTHONY D
Address C/O CAMPBELL PROPERTY
 MANAGEMENT
 8010 N UNIVERSITY DRIVE
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR AT LARGE
Name PAGE, MICHELLE
Address C/O CAMPBELL PROPERTY
 MANAGEMENT
 8010 N UNIVERSITY DRIVE
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name CLYC, SHEILA
Address C/O CAMPBELL PROPERTY
 MANAGEMENT
 8010 N UNIVERSITY DRIVE
City-State-Zip: TAMARAC FL 33321

Title SECRETARY
Name MADER, MIKE
Address C/O CAMPBELL PROPERTY
 MANAGEMENT
 8010 N UNIVERSITY DRIVE
City-State-Zip: TAMARAC FL 33321

I hereby 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 all other like empowered.

SIGNATURE: JOEL DEGREGORIO**PRESIDENT**

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date