

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N01000006205

**Entity Name:** TUSCANY AT ABACOA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAMPBELL PROPERTY MANAGEMENT  
401 MAPLEWOOD DRIVE SUITE 23  
JUPITER, FL 33458

**Current Mailing Address:**

C/O CAMPBELL PROPERTY MANAGEMENT  
401 MAPLEWOOD DRIVE SUITE 23  
JUPITER, FL 33458 US

**FEI Number:** 65-1136317

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FIELDS, GARY D ATTY  
4440 PGA BLVD #308  
PALM BEACH GARDENS, FL 33410 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:** GARY D FIELDS

07/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WALKINSHAW, DAVID  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  401 MAPLEWOOD DRIVE SUITE 23  
City-State-Zip: JUPITER FL 33458

Title            VP  
Name            LOBOJKO, ROBERT  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  401 MAPLEWOOD DRIVE SUITE 23  
City-State-Zip: JUPITER FL 33458

Title            TREASURER  
Name            LEARY, MOE  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  401 MAPLEWOOD DRIVE SUITE 23  
City-State-Zip: JUPITER FL 33458

Title            SECRETARY  
Name            PICCOLO, DANIEL  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  401 MAPLEWOOD DRIVE SUITE 23  
City-State-Zip: JUPITER FL 33458

*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:** DAVID WALKINSHAW

**PRESIDENT**

07/23/2018

Electronic Signature of Signing Officer/Director Detail

Date