

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006853

**FILED**  
**Mar 12, 2013**  
**Secretary of State**  
**CC4145541702**

**Entity Name:** THE TUSCANY OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3570 SOUTH OCEAN BOULEVARD  
SOUTH PALM BEACH, FL 33480

**Current Mailing Address:**

3570 SOUTH OCEAN BOULEVARD  
SOUTH PALM BEACH, FL 33480 US

**FEI Number:** 22-3878029

**Certificate of Status Desired:** Yes

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

BECKER & POLIAKOFF  
625 NORTH FLAGLER DRIVE - 7TH FLOOR  
WEST PALM BEACH, FL 33401 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name TAFT, LINDA  
Address 3570 S OCEAN BLVD #403  
City-State-Zip: SOUTH PALM BEACH FL 33480

Title VP  
Name WEISS, ELLEN  
Address 3570 S OCEAN BLVD #201  
City-State-Zip: SOUTH PALM BEACH FL 33480

Title T  
Name UNRINE-MAURO, FRANCES  
Address 28 PIERCE ROAD  
City-State-Zip: RIVERSIDE CT 06878

Title S  
Name ROSENTHAL, ELAINE  
Address 3570 S OCEAN BLVD #308  
City-State-Zip: SOUTH PALM BEACH FL 33480

Title D  
Name PICKFORD, JOAN  
Address 3570 S OCEAN BLVD #606  
City-State-Zip: SOUTH PALM BEACH FL 33480

Title D  
Name DEMARCO, KRISTINE  
Address 4 CALDERWOOD COURT  
City-State-Zip: BLACK ROCK CT 06605-3420

Title D  
Name BUTUC, LIVIU  
Address 3570 S. OCEAN BLVD # 908  
City-State-Zip: SOUTH PALM BEACH FL 33480

Title D  
Name GAGLIANO, CALOGERO  
Address 3570 S. OCEAN BLVD # 208  
City-State-Zip: SOUTH PALM BEACH FL 33480

**Continues on page 2**

*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:** LINDA TAFT

**PRESIDENT**

**03/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            D  
Name            HOUTHOOFD, JAMES  
Address        3570 S. OCEAN BLVD # 400  
City-State-Zip: SOUTH PALM BEACH FL 33480