BOYNTON B	EACH, FL 33435 US			
FEI Number: 20-0519939			Certificate of Status Desired: No	
Name and Ad	dress of Current Registered Agent:			
GLAZER AND SA 3113 STIRLING I FORT LAUDERD				
The above named	entity submits this statement for the purpose of changi	ng its registered office or re	gistered agent, or both, in the State of	f Florida.
	entity submits this statement for the purpose of changin ERIC GLAZER	ng its registered office or re	gistered agent, or both, in the State o	f Florida. 04/30/20
		ng its registered office or re	egistered agent, or both, in the State of	
	ERIC GLAZER Electronic Signature of Registered Agent	ng its registered office or re	gistered agent, or both, in the State of	04/30/20
SIGNATURE: Officer/Direc	ERIC GLAZER Electronic Signature of Registered Agent	ng its registered office or re	egistered agent, or both, in the State of	04/30/20
SIGNATURE: Officer/Direc	ERIC GLAZER Electronic Signature of Registered Agent tor Detail :			04/30/20

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010773

Entity Name: TUSCANY ON THE INTRACOASTAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2300 S. FEDERAL HWY BOYNTON BEACH, FL 33435

Current Mailing Address:

2300 S. FEDERAL HWY

City-State-Zip: BOYNTON BEACH FL 33435

TREASURER

DIRECTOR

STORY, DON

LEVIN, HAROLD

2300 S FEDERAL HIGHWAY

BOYNTON BEACH FL 33435

2300 S FEDERAL HIGHWAY

BOYNTON BEACH FL 33435

Title

Title

Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

City-State-Zip:

Title

Name

Title

Name

Address

Address

City-State-Zip:

City-State-Zip:

BOYNTON BEACH FL 33435

2300 S FEDERAL HIGHWAY

BOYNTON BEACH FL 33435

VIDIBOR, JACQUELINE

2300 S FEDERAL HIGHWAY

BOYNTON BEACH FL 33435

SECRETARY

DIRECTOR

DAVIS, JASON

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: JO ANN LEE

PRESIDENT

04/30/2023

Electronic Signature of Signing Officer/Director Detail

FILED Apr 30, 2023 Secretary of State 6571156117CC

> 04/30/2023 Date

> > Date