

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005465

Entity Name: TUSCANY COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3800 AGUALINDA BLVD.
CAPE CORAL, FL 33914

FILED
Apr 27, 2018
Secretary of State
CC9530324792

Current Mailing Address:

C/O COASTAL ASSOCIATION SERVICES
P O BOX 152930
CAPE CORAL, FL 33915 US

FEI Number: 90-0292182

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
C/O COASTAL ASSOCIATION SERVICES
P O BOX 152930
CAPE CORAL, FL 33915 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 PD
Name ELLIS, ROBERT
Address C/O COASTAL ASSOCIATION SERVICES
P O BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title SECRETARY, TREASURER
Name LOHR, GARY
Address C/O COASTAL ASSOCIATION SERVICES
P O BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name FEELEY, TERENCE
Address C/O COASTAL ASSOCIATION SERVICES
P O BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name HENGEL, CANDANCE
Address C/O COASTAL ASSOCIATION SERVICES
P O BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name ROSHON, SUZANNE
Address C/O COASTAL ASSOCIATION SERVICES
P O BOX 152930
City-State-Zip: CAPE CORAL FL 33915

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: ROBERT ELLIS

PRESIDENT

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date