

2024 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

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:

COASTAL ASSOCIATION SERVICES, 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: TROY FUTCH

02/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SILVER, MICHAEL
Address C/O COASTAL ASSOCIATION SERVICES
P O BOX 152930
City-State-Zip: CAPE CORAL FL 33915

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

Title PRESIDENT
Name STETZER, MICHAEL
Address C/O COASTAL ASSOCIATION SERVICES
P O BOX 152930
City-State-Zip: CAPE CORAL FL 33915

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

Title DIRECTOR
Name EICKELBERG, DALE
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: MICHAEL STETZER

PRESIDENT

02/23/2024

Electronic Signature of Signing Officer/Director Detail

Date