3-27-95-13-2638 -1C

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:43

DOCUMENT # **713981** **(9)**

1. Corporation Name
TUSCANY OF PALM BEACH, INC.

Principal Place of Business	Mailing Address
3570 SOUTH OCEAN BLVD PALM BEACH FL 33480	3570 SOUTH OCEAN BLVD PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/22/1968**
3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-1265264** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY SUITE 10
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	☐ Change ☐ Addition
NAME	MANOR, HAROLD	12 NAME	
STREET ADDRESS	3570 S OCEAN BLVD #812	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HEGGIE, ROBERT	22 NAME	
STREET ADDRESS	3570 S OCEAN BLVD #401	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	GELLER, JOSEPH	32 NAME	
STREET ADDRESS	3570 S OCEAN BLVD #604	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, KALEN	42 NAME	
STREET ADDRESS	3570 S OCEAN BLVD #804	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CAYNE, SAMUEL	52 NAME	
STREET ADDRESS	3570 S OCEAN BLVD #400	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	SD ☐ Change ☒ Addition
NAME		62 NAME	Mary Weber
STREET ADDRESS		63 STREET ADDRESS	3570 S. Ocean Blvd
CITY-ST-ZIP		64 CITY-ST-ZIP	Palm Beach, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph M. Geller TREAS. 3/15/95 407-585-7082
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013106