

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/22/1968

3a. Date of Last Report
03/27/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE
NAME MANOR, HAROLD
STREET ADDRESS 3570 S OCEAN BLVD #812
CITY-ST-ZIP PALM BCH, FL 00000

TITLE PD ☐ DELETE
NAME HEGGIE, ROBERT
STREET ADDRESS 3570 S OCEAN BLVD #401
CITY-ST-ZIP PALM BCH, FL 00000

TITLE TD ☐ DELETE
NAME GELLER, JOSEPH
STREET ADDRESS 3570 S OCEAN BLVD #604
CITY-ST-ZIP PALM BCH, FL 00000

TITLE D ☐ DELETE
NAME MARSHALL, KALEN
STREET ADDRESS 3570 S OCEAN BLVD #804
CITY-ST-ZIP PALM BCH, FL 00000

TITLE D ☐ DELETE
NAME CAYNE, SAMUEL
STREET ADDRESS 3570 S OCEAN BLVD #400
CITY-ST-ZIP PALM BEACH FL

TITLE SD ☐ DELETE
NAME MARY WEBER
STREET ADDRESS 3570 S. OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)