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03-02-1999 90038 015 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 713981**

1. Corporation Name

**TUSCANY OF PALM BEACH, INC.**

Principal Place of Business

Mailing Address

3570 S OCEAN BLVD  
MANAGEMENT OFFICE  
PALM BEACH FL 33480  
US

TUSCANY OF PALM BEACH 3570 S OCEAN BLVD  
OFFICE: ATTN: M WEBER  
PALM BEACH FL 33480  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

01/22/1968

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

9. Name and Address of Current Registered Agent

WEBER, MARY E  
3570 S OCEAN BLVD - OFFICE  
S PALM BEACH FL 33480

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME ISOLINI, RICHARD J  
STREET ADDRESS 3570 S OCEAN BLVD #600  
CITY-ST-ZIP S.P.B. FL

TITLE VD  
NAME FINK, BABETTE  
STREET ADDRESS 3570 S OCEAN BLVD #303  
CITY-ST-ZIP S.P.B. FL

TITLE SD  
NAME WEBER, MARY  
STREET ADDRESS 3570 S OCEAN BLVD #900  
CITY-ST-ZIP S.P.B. FL

TITLE D  
NAME GELLER, JOSEPH  
STREET ADDRESS 3570 S OCEAN BLVD #604  
CITY-ST-ZIP S.P.B. FL

TITLE DT  
NAME GOLDSMITH, ADRIAN  
STREET ADDRESS 3570 S OCEAN BLVD #212  
CITY-ST-ZIP S.P.B. FL

TITLE D  
NAME FINK, STANLEY  
STREET ADDRESS 3570 S OCEAN BLVD #500  
CITY-ST-ZIP S PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE D  
1.2 NAME Gran, Ingmar  
1.3 STREET ADDRESS 3570 S Ocean Blvd #500  
1.4 CITY-ST-ZIP S.P.B. FL

2.1 TITLE D Kalen, Marshall  
2.2 NAME  
2.3 STREET ADDRESS 3570 S Ocean Blvd #803  
2.4 CITY-ST-ZIP SPB, FL

3.1 TITLE D Cayne, Samuel  
3.2 NAME  
3.3 STREET ADDRESS 3570 S Ocean Blvd #400  
3.4 CITY-ST-ZIP S.P.B. FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Mary E Weber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 661-585-1242  
Date Daytime Phone #

CR2E037 (11/98)