

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90065 010 ****61.25

DOCUMENT # N02000005061

1. Entity Name
TUSCANY AT DAVIE HOMEOWNER'S ASSOCIATION,
INC.



Principal Place of Business
2840 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

Mailing Address
2840 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

40023101



DO NOT WRITE IN THIS SPACE

02232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
27-0040695

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, R. BOWEN III
1515 SOUTH FEDERAL HWY., STE. 300
BOCA RATON, FL 33432

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLS, DEBORAH
STREET ADDRESS 2840 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VD
NAME PAIGO, RANDY
STREET ADDRESS 2840 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE STD
NAME GUILLOTTE, JOSEPH
STREET ADDRESS 2840 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH WILLS

2/23/06
Date

954-
755-1775
Daytime Phone #