

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001315

FILED  
Jul 09, 2004  
Secretary of State

Entity Name: TUSCANY VILLAGE COMMONS ASSOCIATION, INC.

## Current Principal Place of Business:

C/O TUSCANY GARDENS  
P.O. BOX 22039  
HOLLYWOOD, FL 33022

## New Principal Place of Business:

C/O TUSCANY GARDENS  
P.O. BOX 100790  
CAPE CORAL, FL 33910

## Current Mailing Address:

C/O TUSCANY GARDENS  
P.O. BOX 22039  
HOLLYWOOD, FL 33022

## New Mailing Address:

C/O TUSCANY GARDENS  
P.O. BOX 100790  
CAPE CORAL, FL 33910

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J  
1833 HENDRY STREET  
FORT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

BERMAN, BENJAMIN  
P.O. BOX 100790  
CAPE CORAL, FL 33910 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: BENJAMIN BERMAN

07/09/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BERMAN, BEN  
Address: P.O. BOX 22039  
City-St-Zip: HOLLYWOOD, FL 33022

Title: VD ( ) Delete  
Name: BERMAN, LANCE  
Address: P.O. BOX 22039  
City-St-Zip: HOLLYWOOD, FL 33022

Title: STD ( ) Delete  
Name: BERMAN, HOPE  
Address: P.O. BOX 22039  
City-St-Zip: HOLLYWOOD, FL 33022

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BERMAN, BEN  
Address: P.O. BOX 100790  
City-St-Zip: CAPE CORAL, FL 33910

Title: VD (X) Change ( ) Addition  
Name: BERMAN, LANCE  
Address: P.O. BOX 100790  
City-St-Zip: CAPE CORAL, FL 33910

Title: STD (X) Change ( ) Addition  
Name: BERMAN, HOPE  
Address: P.O. BOX 100790  
City-St-Zip: CAPE CORAL, FL 33910

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BEN BERMAN

PD

07/09/2004

Electronic Signature of Signing Officer or Director

Date