

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90368 011 ****70.00

DOCUMENT # N03000001316 1. Entity Name TUSCANY VILLAGE CONDOMINIUM ASSOCIATION, INC.																																																																																																																																																																					
Principal Place of Business 4566 S.E. 5TH PLACE CAPE CORAL, FL 33904 US				Mailing Address PO BOX 100790 CAPE CORAL, FL 33910 US																																																																																																																																																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 20 SPORTSMAN WAY Suite, Apt. #, etc.																																																																																																																																																																			
City & State ROTONDA WEST FL		City & State ROTONDA WEST FL		4. FEI Number 16-1656491																																																																																																																																																																	
Zip 33947		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																																	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name JOHN W. CONARRO Street Address (P.O. Box Number is Not Acceptable) 20 SPORTSMAN WAY City ROTONDA WEST FL Zip Code 33947																																																																																																																																																																	
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 JOHN W. CONARRO - PRESIDENT 3/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE</small>																																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																																					
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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: CLARENCE S HILBERT 3-27-06 952-829-9404 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																					