

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
07 AUG -6 AM 6:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004477

1. Entity Name  
TUSCANY TOWNHOMES HOMEOWNERS'  
ASSOCIATION, INC.



Principal Place of Business  
C/O CCM, INC  
10034 W MCNAB ROAD  
TAMARAC, FL 33321

Mailing Address  
C/O CCM, INC  
10034 W MCNAB ROAD  
TAMARAC, FL 33321



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-1535162

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWELL, P.A., BOB J  
8551 W. SUNRISE BLVD., #207  
SUNRISE, FL 33322

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME NOVA, JEFF ☐ Delete  
STREET ADDRESS 10034 W MCNAB ROAD  
CITY- ST- ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition  
NAME 700107583677  
STREET ADDRESS 08/10/07--01048--005 \*\*\$61.25  
CITY- ST- ZIP

TITLE VP  
NAME MISKURA, CHRISTOPHER ☒ Delete  
STREET ADDRESS 10034 W MCNAB ROAD  
CITY- ST- ZIP TAMARAC, FL 33321

TITLE VP  
NAME Elvis Ramnarace ☐ Change ☒ Addition  
STREET ADDRESS 10034 W McNab Rd.  
CITY- ST- ZIP Tamarac, FL 33321

TITLE TD  
NAME NOVA, JEFF ☒ Delete  
STREET ADDRESS 10034 W MCNAB ROAD  
CITY- ST- ZIP TAMARAC, FL 33321

TITLE  
NAME Secretary  
STREET ADDRESS Gina Cory  
CITY- ST- ZIP 10034 W McNab Rd.  
Tamarac, FL 33321

TITLE T  
NAME MISKURA, NICHOLETTE ☐ Delete  
STREET ADDRESS 10034 W MCNAB ROAD  
CITY- ST- ZIP TAMARAC, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE SD  
NAME GIBSON, SYLVIA ☒ Delete  
STREET ADDRESS 10034 W MCNAB ROAD  
CITY- ST- ZIP TAMARAC, FL 33321

TITLE Dir  
NAME Dean Dinnard ☐ Change ☒ Addition  
STREET ADDRESS 10034 W McNab Rd.  
CITY- ST- ZIP Tamarac, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

*Thora Jeffrey L Nova*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President NOA

Date

Daytime Phone #

7/11/2007 954-895-8258