

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004477

FILED
Feb 23, 2009
Secretary of State

Entity Name: TUSCANY TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 20-1535162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOVA, JEFF
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: RAMNARACE, ELVIS
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: CORY, GINA
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: MISKURA, NICHOLETTE
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: DINNARD, DEAN
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLACKWOOD, GEORGE
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: VP (X) Change () Addition
Name: PACQUETTE, GREG
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GREG PACQUETTE

VP

02/23/2009

Electronic Signature of Signing Officer or Director

Date