

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006728

FILED  
Mar 17, 2008  
Secretary of State

**Entity Name:** TUSCANY ASSOCIATION OF THE SOUTH EAST, INC.

**Current Principal Place of Business:**

3043 MARY ST  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3043 MARY ST  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INNOCENT, ROBERTO D  
3043 MARY ST  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

DEGLINNOCENTI, ROBERTO D  
3043 MARY ST  
MIAMI, FL 33133 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: DEGL INNOCENTI ROBERTO

03/17/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: INNOCENTI, ROBERTO D  
Address: 3043 MARY ST  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: SIMONI, ROBERTO  
Address: 2600 SW 3 AVE  
City-St-Zip: MIAMI, FL 33010

Title: D ( ) Delete  
Name: CELLA, IVANA  
Address: 19707 NE 36 CT  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DEGLINNOCENTI, ROBERTO D  
Address: 3043 MARY ST  
City-St-Zip: MIAMI, FL 33133

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: DEGL INNOCENTI ROBERTO

D

03/17/2008

Electronic Signature of Signing Officer or Director

Date