


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

03-16-2005 90042 030 ****61.25

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1. Entity Name
TUSCANY VILLAGE OF BOCA RATON HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**7040 W PALMETTO PARK RD #4-100
 BOCA RATON, FL 33433**

Mailing Address
**7040 W PALMETTO PARK RD #4-100
 BOCA RATON, FL 33433**

00010043



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
14906 Military Trail
 Suite, Apt. #, etc.

02282005 Chg-NP CR2E037 (10/03)

City & State
DELRAY BEACH

City & State
DELRAY BEACH

Zip
33484

Country
FL

Country
FL

City
DELRAY BEACH

Zip Code
33484

4. FEI Number
APPLIED FOR 14-1924715
 XXXXXXXX

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SIMON, ALAN RICHARD
 3980 RCA BLVD STE 8012
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent
 Name
Scott WORLEY
 Street Address (P.O. Box Number is Not Acceptable)
14906 Military Trail
 City
DELRAY BEACH FL Zip Code
33484

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$81.25** Due by **May 1, 2005**

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	DP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALTMAN, OWEN			NAME			
STREET ADDRESS	7040 W PALMETTO PARK RD #4-100			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUBENSTEIN, LEON			NAME			
STREET ADDRESS	7040 W PALMETTO PARK RD #4-100			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBSTER, MELANIE			NAME			
STREET ADDRESS	7040 W PALMETTO PARK RD #4-100			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	SCOTT WORLEY		
STREET ADDRESS				STREET ADDRESS	14906 Military Trail		
CITY-ST-ZIP				CITY-ST-ZIP	DELRAY BEACH FL 33484		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ DATE: **5/14/05** DAYTIME PHONE: **3731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR