


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90023 013 \*\*\*\*61.25

**DOCUMENT # N03000009256**

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 14406 MILITARY TRAIL DELRAY BEACH, FL 33484
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**DO NOT WRITE IN THIS SPACE**



01272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 14-1924715	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WORLEY, SCOTT  
14406 MILITARY TRAIL  
DELRAY BEACH, FL 33484

**DO NOT WRITE IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WORLEY, SCOTT 14406 MILITARY TRAIL DELRAY BEACH, FL 33484
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_