2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009256

FILED Apr 16, 2009 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

G.R.S. MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD. SUITE 309 LUNA PROPERTY MANAGEMENT, INC. 11131 LAUREL WALK ROAD WELLINGTON, FL 33449

LAKE WORTH, FL 33463

Current Mailing Address:

New Mailing Address:

G.R.S. MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463 LUNA PROPERTY MANAGEMENT, INC. 13860 WELLINGTON TRACE 38, #218

WELLINGTON, FL 33414

FEI Number: 14-1924715

FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHENDELL & ASSOCIATES, P.A. 3650 N. FEDERAL HIGHWAY #202 LIGHTHOUSE POINT, FL 33064 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.

Name:

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: PD () Delete
Name: ALBANO, RICHARD
Address: 415 NE 69TH CIRCLE

Address: 415 NE 69TH CIRCLE City-St-Zip: BOCA RATON, FL 33487

 Title:
 TD
 () Delete

 Name:
 KOENIG, LISA

 Address:
 360 NE 69TH CIRCLE

 City-St-Zip:
 BOCA RATON, FL 33487

 Title:
 VSD
 () Delete

 Name:
 DIGGS, JOHN B

 Address:
 355 NE 69TH CIR

 City-St-Zip:
 BOCA RATON, FL 33487

Address: City-St-Zip:

Title: VD (X) Change () Addition
Name: CROREY, DAVID J
Address: 325 NE 69TH CIRCLE
City-St-Zip: BOCA RATON, FL 33487

Title: STD (X) Change () Addition

Name: OHAYON, ELENA Address: 270 NE 69TH CIR City-St-Zip: BOCA RATON, FL 33487

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: RICHARD ALBANO PRES 04/16/2009