


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90094 003 ****61.25

DOCUMENT # N03000009492			
1. Entity Name VILLAS DE TUSCANY CONDOMINIUM ASSOCIATION, INC.		Mailing Address 255 UNIVERSIRY DRIVE CORAL GABLES, FL 33134 US	
Principal Place of Business 255 UNIVERSIRY DRIVE CORAL GABLES, FL 33134 US		Mailing Address 255 UNIVERSIRY DRIVE CORAL GABLES, FL 33134 US	
2. Principal Place of Business 8053 NW 155 Street		3. Mailing Address 8053 NW 155 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Lakes, Florida		City & State Miami Lakes, Florida	
Zip 33016		Country USA	
4. FEI Number 20-1061054		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUARCH, J.M. JR 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Year Round Management Company Street Address (P.O. Box Number is Not Acceptable) 8053 NW 155 Street City Miami Lakes FL Zip Code 33016	
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 <i>Arturo Carvajal</i> Arturo Carvajal President YRMC		DATE 02/17/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME GARCIA, OSCAR STREET ADDRESS 255 UNIVERSIRY DRIVE CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE P NAME Leon Szczepanski STREET ADDRESS 711 SW 148 Ave. Unit 415 CITY-ST-ZIP Sunrise, Florida 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME GUARCH, J.M. STREET ADDRESS 255 UNIVERSIRY DRIVE CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Richard Rand STREET ADDRESS 755 SW 148 Ave. Unit 1101 CITY-ST-ZIP Sunrise, Florida 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME ARAN, FERNANDO S STREET ADDRESS 255 UNIVERSIRY DRIVE CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Carolyn Emandee STREET ADDRESS 721 SW 148 Ave. Unit 310 CITY-ST-ZIP Sunrise, Florida 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP NAME Denise L. Salzman STREET ADDRESS 775 SW 148 Ave. Unit 1610 CITY-ST-ZIP Sunrise, Florida 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME Steve Dickenson STREET ADDRESS 715 SW 148 Ave. Unit 105 CITY-ST-ZIP Sunrise, Florida 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE TD NAME Jose M. Bello STREET ADDRESS 705 SW 148 Ave. Unit 209 CITY-ST-ZIP Sunrise, Florida 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Leon Szczepanski</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 02-01-06 (305) 218-8993 Daytime Phone #	