2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90094 039 ****61.25

DOCUMENT # N03000010578

1. Entity Name
VILLA TUSCANY HOMEOWNERS ASSOCIATION, INC.

50049962

Principal Place of Business	Mailing Address
500 SE 3RD ST FT LAUDERDALE, FL 33301	500 SE 3RD ST FT LAUDERDALE, FL 33301

04272005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
401 EAST LAS OLAS BLVD.
SUITE 1000
FT. LAUDERDALE, FL 33301

4. FEI Number
36-4545200
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN REAL ESTATE, INC.
3696 NORTH FEDERAL HIGHWAY
SUITE 200
FT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name: Morgan Real Estate
Street Address (P.O. Box Number is Not Acceptable): 401 E Las Olas Blvd
Ste 1000
City: Ft Lauderdale FL Zip Code: 33301

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: [signature], Chief Financial Officer 4/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD FINKLESTEIN, RON 506 SE 7TH STREET, #301 FORT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Marlene Michael 500 SE 7th St #101, Ft. Lauderdale, FL 33301	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FITZPATRICK, PHILIP 506 SE 7TH STREET, #304 FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Heather Waddel 510 SE 7th Street, #403 Ft. Lauderdale, FL 33301	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COLMENARES, MARIA 506 SE 7TH STREET, #305 FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jennifer Sloan 510 SE 7th Street, #401 Ft. Lauderdale, FL 33301	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Jody Billington 500 SE 7th Street, #102 Ft. Lauderdale, FL 33301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Ronda Finkelstein 506 SE 7th Street, #301 Ft. Lauderdale, FL 33301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 5/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #