## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010578

FILED Apr 11, 2007 Secretary of State

Entity Name: VILLA TUSCANY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	H STREET				
#301 FT LAUDE	RDALE, FL (	33301			
Current Mailing Address:			New Mailir	New Mailing Address:	
301 E. LAS 5TH FLOO	OLAS BLVD	)			
FEI Number:	36-4545200	FEI Number Applied For ( )	FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
301 E. LAS 5TH FLOO	SOLAS BLVD PR	EIN, CPA, P. A. FL 33301 US			
	named entity of Florida.	submits this statement for the	purpose of changing it	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Ag	jent	Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FINKELSTEIN 506 SE 7TH S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WADDEL, HE 510 SE 7TH S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HILDEBRAND 500 SE 7TH S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	POULIN, BRIA 500 SE 7TH S		Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition PEPSIDERO, ANTHONY 500 SE 7TH ST. #103 FORT LAUDERDALE, FL 33301	
Title: Name: Address: City-St-Zip:	HASS, GREGO 504 SE 7TH S		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD D FINKELSTEIN PTD 04/11/2007