2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N03000010773

Entity Name: TUSCANY ON THE INTRACOASTAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2300 S. FEDERAL HWY
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

2300 S. FEDERAL HWY
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 20-0519939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 NW 49TH ST STE 202
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHN, SKIP
Address: 4405 TUSCANY WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: V ( ) Delete
Name: GOLDBERG, MARSHA
Address: 2221 TUSCANY WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete
Name: BERNSTEIN, KENNETH
Address: 3292 BAYFIELD BLVD
City-St-Zip: OCEANSIDE, NY 11572

Title: S ( ) Delete
Name: KAPLAN, CHERYL
Address: 127 RED RAMBLER DR
City-St-Zip: LAFAYETTE HILL, PA 19444

Title: D ( ) Delete
Name: WATSON, DONALD
Address: 295 SCRANTON AVE
City-St-Zip: LYNBROOK, NY 11563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KAPLAN, CHERYL
Address: 4305 TUSCANY WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP (X) Change ( ) Addition
Name: GOLDBERG, MARSHA
Address: 2221 TUSCANY WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MCCAUSLAND, GUY
Address: 4104 TUSCANY WAY
City-St-Zip: BOYNTON BEACH,, FL 33435

Title: D (X) Change ( ) Addition
Name: LANGE, ROBERT
Address: 2218 TUSCANY WAY
City-St-Zip: BOYNTON BEACH, FL 33435

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: CHERYL KAPLAN P 03/11/2009

Electronic Signature of Signing Officer or Director Date