



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90003 008 ****61.25

DOCUMENT # N04000009841					
1. Entity Name TUSCANY GARDENS RESERVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PO BOX 100790 CAPE CORAL, FL 33910		Mailing Address PO BOX 100790 CAPE CORAL, FL 33910		50023443 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06132006 Chg-NP CR2E037 (4/06)	
Zip	Country	Zip	Country	4. FEI Number 20-1911740	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITE, E. AUSTIN ESQ 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 33912				Name Joseph E. Adams Attorney Street Address (P.O. Box Number is Not Acceptable) 14241 Metropolis Ave. Suite 100 City Ft. Meyers FL Zip Code 33912	
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>Joseph E. Adams</i> Signature, typed or printed name of registered agent and title if applicable.				DATE 7/26/06	
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERMAN, BEN	NAME			
STREET ADDRESS	PO BOX 100790	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33910	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERMAN, LANCE	NAME			
STREET ADDRESS	PO BOX 100790	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33910	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERMAN, HOPE	NAME			
STREET ADDRESS	PO BOX 100790	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33910	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 117, 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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 6/27/06 Daytime Phone # 9543286959	