## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008342

FILED Feb 23, 2009 Secretary of State

Entity Name: TUSCANY NO. 5 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

MIAMI MANAGEMENT INC. 1145 SAWGRASS CORPORATE PKWY. SUNRISE, FL 33323

Current Mailing Address: New Mailing Address:

MIAMI MANAGEMENT INC. 1145 SAWGRASS CORPORATE PKWY. SUNRISE, FL 33323

FEI Number: 20-3328241 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAKALAR & EICHNER, P.A.

150 S. PINES ISLAND RD.

SUITE 540

PLANTATION, FL 33324 US

BAKALAR & EICHNER, P.A.

150 SOUTH PINES ISLAND RD.

SUITE 540

PLANTATION, FL 33324 US

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: 02/23/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: WONG, HARVEY Name: PATINO, NICOLAS

Address: 1145 SAWGRASS CORPORATE PARKWAY Address: 1145 SAWGRASS CORPORATE PARKWAY

City-St-Zip: SUNRISE, FL 33323 City-St-Zip: SUNRISE, FL 33323

Title: VPS ( ) Delete Title: VP/T (X) Change ( ) Addition

Name: KOONSE, NAUGA Name: GILBERT, NAKIA K

Address: 1145 SAWGRASS CORPORATE PARKWAY Address: 1145 SAWGRASS CORPORATE PARKWAY

City-St-Zip: SUNRISE, FL 33323 City-St-Zip: SUNRISE, FL 33323

Title: T ( ) Delete Title: S (X) Change ( ) Addition

Name: PARRA, YURAIMA Name: DAVILMAR, MARJORIE

Address: 1145 SAWGRASS CORPORATE PARKWAY Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323 City-St-Zip: SUNRISE, FL 33323

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

SIGNATURE: NICOLAS PATINO P 02/23/2009

above, or on an attachment with an address, with all other like empowered.