

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008350

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** TUSCANY NO. 3 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-3327374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKALAR & EICHNER, P.A.  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324 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:** VP/S  
**Name:** BERNARD, NICOLE A  
**Address:** 1145 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** TD  
**Name:** BLEIDNER, JAMES  
**Address:** 1145 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** PD  
**Name:** ZULFIQAR, KHANDWALLA  
**Address:** 1145 SAWGRASS CORP. PKWY  
**City-St-Zip:** SUNRISE, FL 33323

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES BLEIDNER

TD

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date