2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
06 OCT 20 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008426

1. Entity Name
TUSCANY NO. 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8190 STATE RD 84 DAVIE, FL 33324	8190 STATE RD 84 DAVIE, FL 33324

10092006 REIN-NP CR2E099 (11/05) 06

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Miami Management, Inc	Suite, Apt. #, etc. Miami Management, Inc
1145 Sawgrass Corporate Parkway	1145 Sawgrass Corporate Parkway
City & State Sunrise, Florida	City & State Sunrise, FLorida
Zip 33323 Country Broward	Zip 33323 Country Broward

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATRICIA KIMBALL FLETCHER, P.A. % DUANE MORRIS, LLP 200 S BISCAYNE BLVD - STE 3400 MIAMI, FL 33131	Name Bakalar & Eichner, P. A. Street Address (P.O. Box Number is Not Acceptable) 150 South Pines Island Road Suite 540 City Plantation FL Zip Code 33324

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 X Paul Bick 10/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2007, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHRAGER, MARLENE 8190 STATE RD 84 DAVIE, FL 33324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Orlando Barreda 1145 Sawgrass Corporate Parkway Sunrise FL 33323	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARALA, ALEXANDRA 8190 STATE RD 84 DAVIE, FL 33324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD/S Belkis Pereira 1145 Sawgrass Corporate Parkway Sunrise, FL 33323	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VANESS, RICHARD 8190 STATE RD 84 DAVIE, FL 33324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Marcia R. Chambers 1145 Sawgrass Corporate Parkway Sunrise FL 33323	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500081058215 10/20/06--01008--015 **236.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/25	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: X [signature] 10/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #