

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011427

FILED
Apr 14, 2009
Secretary of State

Entity Name: TUSCANO AT SUNCOAST CROSSINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1710 VILLA CAPRI CIRCLE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

1710 VILLA CAPRI CIRCLE
ODESSA, FL 33556

New Mailing Address:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US 19, SUITE 7Q
NEW PORT RICHEY, FL 34652

FEI Number: 13-4332225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 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: MARY WHITE

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: KAMPSEN, MARY LEE
Address: 17101 DOWN DRIVE
City-St-Zip: ODESSA, FL 33556

Title: VP/D () Delete
Name: RICKETTS, JEFFREY J
Address: 570 EDGEWATER DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: S/D () Delete
Name: DIONNE, CONRAD
Address: 19940 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KAMPSEN, MARY LEE
Address: 5901 US 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP/D (X) Change () Addition
Name: RICKETTS, JEFFREY J
Address: 5901 US 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S/D (X) Change () Addition
Name: MARY, HEART
Address: 5901 US 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MARY WHITE

CFO

04/14/2009

Electronic Signature of Signing Officer or Director

Date