

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 02, 2009**  
**Secretary of State**

DOCUMENT# N05000011427

**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:**QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652**New Mailing Address:****FEI Number:** 13-4332225      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652      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:** P/D      ( ) Delete  
**Name:** KAMPSEN, MARY LEE  
**Address:** 5901 US 19, SUITE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652**Title:** VP/D      ( ) Delete  
**Name:** RICKETTS, JEFFREY J  
**Address:** 5901 US 19, SUITE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652**Title:** S/D      ( ) Delete  
**Name:** MARY, HEART  
**Address:** 5901 US 19, SUITE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** S/D      (X) Change ( ) Addition  
**Name:** AMY, HART B  
**Address:** 5901 US 19, SUITE 7Q  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

Amended A/R accepted with no charge due to previous  
Annual Report of 04/14/09 not obtaining a current officer/director  
signature. MEM, 09/03/09

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 LEE KAMPSEN

P/D

09/02/2009

Electronic Signature of Signing Officer or Director

Date