2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N05000012242

Entity Name: TUSCAN VIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2307 WASHINGTON STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

364 OCEAN BLVD.
GOLDEN BEACH, FL 33160

New Mailing Address:

PO BOX 157
DANIA BEACH, FL 33004

FEI Number: 20-5985860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTELLONE, GUY
364 OCEAN BLVD.
GOLDEN BEACH, FL 33160 US

Name and Address of New Registered Agent:

RYAN, CHRISTOPHER J
700 EAST DANIA BEACH BOULEVARD
DANIA BEACH, FL 33004 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: CHRISTOPHER J RYAN 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: MASTELLONE, GUY
Address: 364 OCEAN BLVD.
City-St-Zip: GOLDEN BEACH, FL 33160

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: RYAN, CHRISTOPHER J
Address: 700 EAST DANIA BEACH BOULEVARD
City-St-Zip: DANIA BEACH, FL 33004

Title: D ( ) Change (X) Addition
Name: EVERHART, EMORY
Address: 2307 WASHINGTON ST., UNIT 1
City-St-Zip: HOLLYWOOD, FL 33020

Title: DVPS ( ) Change (X) Addition
Name: RUSCIO, ANDREW
Address: 460 HOLIDAY DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

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: CHRISTOPHER J RYAN DPT 04/29/2009
Electronic Signature of Signing Officer or Director Date