

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2008 8:00 am
Secretary of State

09-10-2008 90001 013 ****61.25

DOCUMENT # N06000001982					
1. Entity Name TUSCANY POINTE VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8440 SW 8 STREET #306-A MIAMI, FL 33144			Mailing Address 8440 SW 8 STREET #306-A MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 300 Aragon Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 210			
City & State		City & State Coral Gables, FL			
Zip	Country	Zip 33134	Country USA	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINDEMIL, TERESA L 8965 SW 11 STREET MIAMI, FL 33174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME MCDONALD, MARK	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Migdalia FERNANDEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8440 SW 8 STREET #306-A	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS 8984 W. FLAGLER ST, APT 114	CITY-ST-ZIP MIAMI FL 33174	
TITLE SD	NAME QUINDEMIL, TERESA	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME FRANK MENENDEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8965 SW 11 STREET	CITY-ST-ZIP MIAMI, FL 33174		STREET ADDRESS 8440 SW 8 ST., Apt 401	CITY-ST-ZIP MIAMI FL 33144	
TITLE VP	NAME VALERA, RUBEN	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME ELIZABETH POVEDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8430 SW 8 STREET, #505-B	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS 8440 SW 8 ST, APT 306	CITY-ST-ZIP MIAMI FL 33144	
TITLE AT	NAME RODRIGUEZ, JOSE M	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME PEDRO L. CAMPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13020 SW 112 AVENUE	CITY-ST-ZIP MIAMI, FL 33176		STREET ADDRESS 9340 SW 25 ST	CITY-ST-ZIP MIAMI FL 33165	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE D	NAME MIGUEL PIS-BENITEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 8430 SW 8 ST. APT 408	CITY-ST-ZIP MIAMI FL 33144	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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:			PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>9/8/08</u> Daytime Phone # _____		