

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90028 034 ****61.25

DOCUMENT # N06000002005

1. Entity Name
TUSCANY PRESERVE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**11860 W STATE ROAD 84
STE B-15
DAVIE, FL 33325**

Mailing Address
**11860 W STATE ROAD 84
STE B-15
DAVIE, FL 33325**

2. Principal Place of Business - No P.O. Box #
165 W SR 434
Suite, Apt. #, etc.

3. Mailing Address
PO Box 197043
Suite, Apt. #, etc.

City & State
Winter Springs, Florida

City & State
Winter Springs, Florida

03252008 Chg-NP CR2E037 (12/06)

Zip
32708

Country
USA

Zip
32719

Country
USA

4. FEI Number
20-4354721

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE STE 430
BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent

Name
Palmerston, LLC
Street Address (P.O. Box Number is Not Acceptable)
165 W SR 434
City
Winter Springs, FL Zip Code
32708

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 **Rakesh Sharma, LCAM**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DAVENPORT, RICHARD
11860 W STATE ROAD 84
DAVIE, FL 33325** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
GOLAN, AMNON
11860 W STATE ROAD 84
DAVIE, FL 33325** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
KLEIDER, ITZHAK
11860 W STATE ROAD 84
DAVIE, FL 33325** ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #