

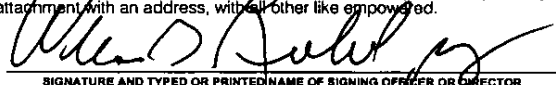


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90012 010 \*\*\*\*61.25

<b>DOCUMENT # N07000000102</b> 1. Entity Name <b>TUSCANY CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>8845 N MILITARY TRAIL STE 100 PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>8845 N MILITARY TRAIL STE 100 PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		01092008    Chg-NP      CR2E037 (12/06)	
4. FEI Number <b>20-8187750</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>REICHEL, WILLIAM 8845 N MILITARY TRAIL STE 100 PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS <b>REICHEL, WILLIAM</b> <input type="checkbox"/> Delete <b>8845 N MILITARY TRAIL - STE 100</b> <b>PALM BEACH GARDENS, FL 33410</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>REICHEL, WILLIAM</b> <input type="checkbox"/> Delete <b>8845 N MILITARY TRAIL - STE 100</b> <b>PALM BEACH GARDENS, FL 33410</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>REICHEL, LINDA</b> <input type="checkbox"/> Delete <b>8845 N MILITARY TRAIL - STE 100</b> <b>PALM BEACH GARDENS, FL 33410</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FILOMENA, PETER</b> <input checked="" type="checkbox"/> Delete <b>8845 N MILITARY TRAIL - STE 100</b> <b>PALM BEACH GARDENS, FL 33410</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Reichel, William</b> <b>8845-N. Military Trail, Ste 100</b> <b>Palm Beach Gardens, FL 33410</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gray, Misty</b> <b>8845 N. Military Trail, Ste 200</b> <b>Palm Beach Gardens, FL 33410</b>					
<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>(561) 478-4440</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					