2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000005113

1. Entity Name
THE THISCAN VILLAS OF LAKE WORTH PROPERTY



FILED
Mar 31, 2008 8:00 am
Secretary of State
03-14-2008 90027 029 ****61.25

	S ASSOCIATION, INC.	OKTITI KOLEKTI		7						
631 US HWY	ee of Business ONE, SUITE 220 M BEACH, FL 33408	Mailing Address 631 US HWY ONE, SUI NORTH PALM BEACH,		66002284						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			BI					
Suite, Apt.	#. etc.	Suite, Apt, #, etc.		03282008 Ch	g-NP CR2E03	37 (12/06)				
City & Stat	te	City & State		4. FEI Number	74000		plied For t Applicable			
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Add	litional			
	6. Name and Address of Current	t Registered Agent	. .	7. Name and Addre	ess of New Registered		-			
COUENT	PRECORY R ESQUIRE		Name				2/-			
712 US HV	BREGORY R ESQUIRE MY ONE, SUITE 400 ALM BEACH, FL 33408		Street Address	ss (P.O. Box Number is Not Acceptable)						
			City		FL	Zip Code	9			
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.										
* *1*	4					•				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. = : (NO	TE. Registered Agent signature requi	red when reinstating)	DATE		setst (
Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May 8e Due by May 1, 2008 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution.										
10.	~ OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIE					
TITLE	DPST	☐ Delete	TITLE			Change	☐ Addition			
NAME STREET ADDRESS	PAISLEY, JAMES 631 US HWY ONE, SUITE 220		NAME Street address							
CITY-ST-ZIP	NORTH PALM BEACH, FL 3340	08	CITY-ST-ZIP							
ΠLE	DVP	☐ Delete	nn.e			☐ Change	Addition			
NAME STREET ADDRESS	HERNANDEZ, ROBERT 631 US HWY ONE, SUITE 220	NAME STREET ADDRESS								
CITY-ST-ZIP	NORTH PALM BEACH, FL 3340	08	CITY-ST-ZIP							
TITLE	D.	☐ Delete	TITLE		1.5.1	☐ Change	Addition			
NAME STREET ADDRESS	CAMPBELL, SHARON		NAME				ļ			
CITY-ST-ZIP	631 US HWY ONE, SUITE 220 NORTH PALM BEACH, FL 3340	08	STREET ADDHESS City-St-Zip							
TITLE		☐ Delete	TITLE			☐ Change	Addition			
NAME			NAME							
STREET ADDRESS CITY-ST-7AP			STREET ADDRESS CXTY-ST-7IP							
TITLE		☐ Delete	TITLE			☐ Change	Addition			
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip							
TITLE		Detete	TITLE			☐ Change	Addition			
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	324 34 10 72 10									
STREET ADDRESS CITY-ST-7IP	Before the Control	· .	STREET ADDRESS CITY-ST-7IP							

SIGNATURE:

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DOCUMENT # N0700005113								- independent			
THE TUSCAN VILLAS OF LAKE WORTH PROPERTY OWNERS ASSOCIATION, INC.									* C	••• <u>•</u>	
Principal Placo of Business Mailing Address 631 US HWY ONE, SUITE 220 631 US HWY ONE, SUITE NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL								,	AT	TACH	IMEN R4
									060	1055	24
2. Principal Place of Business - No P.O. Box ● 3. Melling Address							lı ı				
Suite, Apt. #. etc. Suite, Ap			te, Apt. 4, etc.			03112008	Chg-NP	CR2E0	 137 (12/06)		
City & State			Ci	City & State			4. FEI Number				pplied For ot Applicable
Zíp		Country Zip			Coi	untry	S. Ceruficate of Status Desired 58.75 Additional Fee Required				
	6. Name	and Address of Current F	legistere	ed Agent			7. Name and A	ddress of New Ri	gistered	Agent	
COHEN, GREGORY R ESQUIRE 712 US HWY ONE, SUITE 400 NORTH PALM BEACH, FL 33408					,	Street Address (P.O. Box Number is Not Acceptable)					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					_				
1.5- 11						City			FL	-	t
8. The above the obligat	named entitions of regis	ly submits this statement for tered agent.	the purp	ose of changing its	register	ed offica or registe	red agent, or both,	in the State of Flor	rida. Iam	familiar with	and accept
SIGNATURE .											
OKS INTO THE	Signature, types	for printed name of ingulational agent a	nd tale of app	plicable (HOTE	. Regulere	d Agent agnisties require	d when remetatings	,	DATE		
	Ellina Co	ne is \$61,25		9. Election Carr	opion F	· · ·	45.00	T	be aboa	h	
". ;		Ray 1, 2008		Trust Fund C	·		\$5.00 May Be Added to Fees	Flori	da Depai	k payable truent of S	tate : the ;
10.	1	OFFICERS AND DIR	ECTORS		11.		ADDITIONS/CHAN	GES TO OFFICER	S AND D	RECTORS IN	110
TITLE "	DPST	IAMEO		☐ Detete	TITLE	•				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	PAISLEY, JAMES 631 US HWY ONE, SUITE 220 NORTH PALM BEACH, FL 33408					LT ADORESS -SI-ZIP					
ULTE	DVP Delete				nile					Change	Addition
STREET ADDRESS CITY-ST-ZIP	HERNANDEZ, ROBERT 631 US HWY ONE, SUITE 220 NORTH PALM BEACH, FL 33408					E ET AD XRESS -ST-ZIP					
TITLE	D			☐ Delete	ודוד פ	I			_	☐ Change	Addition
STREET ADDRESS:		LL, SHARON WY ONE, SUITE 220			NAMA SIRE	E AUDORESS				•	
OTY-SI-ZP		PALM BEACH, FL 33408	1			-ST-20P					j
DRE				Delete	TITLE	H	·			☐ Change	Addition "
NAME STREET ADDRESS CITY-ST-ZIP						ET ADDRESS ST-7IP					
TITLE NAME				☐ Delete	TITLE	I				☐ Change	Addition
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NAME STREET ADORESS.	ş,gun g.· 	t was to			NAME	T ADORESS	Pro-		N	en partir a	.
011Y-53-7IP					слу.	5T-7P					
12. Thefeby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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 affactment with an address, with all other like empowered.											
SIGNATURE: SIGNATURE: DUE TYPED OR PROTECT OR DIRECTOR DIRECTOR DUE DOPING Plant 9											