

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006921

FILED
Apr 10, 2008
Secretary of State

Entity Name: TUSCANY SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

880 NORTHWEST 1ST AVE
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

880 NORTHWEST 1ST AVE
BOCA RATON, FL 33432

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NILLES, CHRIS
2400 EAST COMMERCIAL BLVD SUITE 208
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BACZEWSKI, CHRIS
Address: 880 NORTHWEST 1ST AVE
City-St-Zip: BOCA RATON, FL 33432

Title: DVP () Delete
Name: SCALZO, JERRY
Address: 4799 COCONUT CREEK PARKWAY 200
City-St-Zip: COCONUT CREEK, FL 33063

Title: DS () Delete
Name: DEVITO, VINCENT
Address: 880 NORTHWEST 1ST AVE
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRIS BACZEWSKI

DPT

04/10/2008

Electronic Signature of Signing Officer or Director

Date