

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008789

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** TUSCANY CENTER CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business:**

1269 US HWY. 1  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

1978 US 1  
106  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 35-2349025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, VAN  
1978. US 1  
106  
ROCKLEDGE, FL 32955 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: PDT  
Name: RAHAL, NICK N  
Address: 1269 US HWY. 1  
City-St-Zip: ROCKLEDGE, FL 32927

Title: SD  
Name: RAHAL, NICK  
Address: 1269 US HWY. 1  
City-St-Zip: ROCKLEDGE, FL 32927

Title: D  
Name: ABRAHAM, BOBBIE  
Address: 1269 US HWY. 1  
City-St-Zip: ROCKLEDGE, FL 32927

I hereby 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 all other like empowered.

SIGNATURE: VAN MOORE

RA

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date