


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N37360 1. Entity Name TUSCANY PLACE AT PLANTATION CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073 US	Mailing Address 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073 US
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04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0183653	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent MINTO BUILDERS INC. 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

1000000153799
05/04/04-80141-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLEMENT, GARY 4400 W SAMPLE ROAD, STE. 200 COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BEER, T.R. 4400 WEST SAMPLE ROAD COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODGERS, FRANK 4400 W. SAMPLE ROAD, STE 200 COCONUT CREEK, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Frank Rodgers **FRANK RODGERS**, SECRETARY 4/27/04 954-973-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #