

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000006238

1. Entity Name
TUSCANY ASSOCIATION, INC.



Principal Place of Business
TUSCANY
12751 CLAIR RANCH RD.
BOYNTON BEACH, FL 33437 US

Mailing Address
TUSCANY
12751 CLAIR RANCH RD.
BOYNTON BEACH, FL 33437 US

2. Principal Place of Business - No P.O. Box #
TUSCANY c/o CAMPBELL MANAGEMENT
Suite, Apt. #, etc.
12751 EL CLAIR RANCH Rd ~~2~~ SAME
City & State
Boynton Beach, FL
Zip
33437 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
65-1009817
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
MASQUEUER, MELISSA
10 CAS @CORAL LAKES
12751 EL CLAIR RANCH RD.
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent
Name JOHN McDONNELL
Street Address (P.O. Box Number is Not Acceptable)
12541 VIA RAVENNA
City BOYNTON BEACH FL Zip Code 33436

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V PARKER, SANDRA 12610 VIA LUCIA BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINTON, BARBARA 12687 VIA LUCIA BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AND 2ND VP BARBARA WINTON 12687 VIA LUCIA BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 ADASHKO, GEORGE 12601 VIA RAVENNA BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEB-SECRETARY GEORGE ADASHKO 12601 VIA RAVENNA BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONNELL, JOHN 12541 VIA RAVENNA BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 ISSER, SANDY 12591 VIA LUCIA BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SANDY ISSER 12591 VIA LUCIA BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *John McDonnell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/08 561-866-0265
Data Daytime Phone #

**FILED
Feb 07, 2008 8:00 am
Secretary of State**

02-07-2008 90011 038 ****61.25