



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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 SAME		3. Mailing Address Suite, Apt. #, etc. SAME	
City & State Boynton Beach, FL		City & State Boynton Beach, FL	
Zip 33437		Country USA	
4. FEI Number 65-1009817		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASQUEUER, MELISSA 610 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	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	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: 		02/03/08 561-865-0265	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	