


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90168 040 ****61.25

DOCUMENT # N99000006679 1. Entity Name THE TUSCAN CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 792 94 AVE. NORTH NAPLES, FL 34108	Mailing Address 792 94 AVE. NORTH NAPLES, FL 34108
--	--

DO NOT WRITE IN THIS SPACE

40069185



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3732155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PUTNAM, DAVID
792 94 AVE. NORTH
NAPLES, FL 34108**

**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 _____

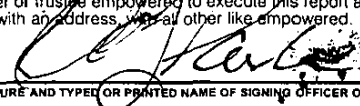
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PARKER, ALAN 741 3RD ST. SOUTH, 1A NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FLACK, CHARLES 741 3RD ST. SOUTH, TA B NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ADLETA, DOLORES 741 3RD ST. SOUTH, 1A E NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4/26/06 (239) 262-2204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #