

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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1998 FEB 23 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000007373 (9)**

1. Corporation Name

TUSCANY VILLAGE, INC.

Principal Place of Business

Mailing Address

~~710 EAST PARK AVENUE
TALLAHASSEE FL 32301~~

~~710 EAST PARK AVENUE
TALLAHASSEE FL 32301~~

2. Principal Place of Business	2a. Mailing Address
21 235 OCALA ROAD SOUTH	25 235 OCALA ROAD SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 TALL FL	28 TALL FL
Zip	Zip
24 32304	29 32304
Country	Country
25	30

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

59-3357585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEONI, STEVEN M
~~710 EAST PARK AVENUE
TALLAHASSEE FL 32301~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

235 OCALA ROAD SOUTH

83

84 City

TALL

FL

85 Zip Code

32304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONI, STEVEN M	1.2 NAME	
STREET ADDRESS	710 E PARK AVE	1.3 STREET ADDRESS	235 OCALA ROAD SOUTH
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALL, FL 32304
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONI, RENE N	2.2 NAME	
STREET ADDRESS	1936 WILDWOOD LANE NORTH	2.3 STREET ADDRESS	600002440416--6
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	-02/25/98--01054--009
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SCC 2-23-98