

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000007373

1. Entity Name
TUSCANY VILLAGE, INC.



Principal Place of Business
235 OCALA ROAD SOUTH
TALLAHASSEE, FL 32304

Mailing Address
P.O. BOX 2535
TALLAHASSEE, FL 32316-2535

FILED

07 APR 27 AM 10:00

CLERK OF STATE
TALLAHASSEE, FLORIDA



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3357585

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONI, STEVEN M
2020 WEST PENSACOLA ST.
STE. 27
TALLAHASSEE, FL 32304

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEONI, STEVEN M
STREET ADDRESS P.O. BOX 2535
CITY-ST-ZIP TALLAHASSEE, FL 323162535

TITLE ST
NAME LEONI, RENE N
STREET ADDRESS 19490 SAWGRASS DR, #1801
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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600101269636
05/03/07--01011--020 **150.00

**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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07

Date

850-580-3131

Daytime Phone #