

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004687

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC7412236790**

**Entity Name:** TUSCANY PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GL HOMES CORPORATION  
1600 SAWGRASS CORPORATE PARKWAY SUITE 400  
SUNRISE, FL 33323

**Current Mailing Address:**

1600 SAWGRASS CORPORATE PARKWAY,  
SUITE 400  
SUNRISE, FL 33323 US

**FEI Number:** 45-5239136

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HELFMAN, STEVEN M ESQ.  
1600 SAWGRASS CORPORATE PKWY SUITE 400  
SUNRISE, FL 33323 US

*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.*

**SIGNATURE:** STEVEN M. HELFMAN, ESQ.

04/20/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VD  
Name DEPLAZA, MARCIE  
Address 1600 SAWGRASS CORPORATE PKWY  
SUITE 400  
City-State-Zip: SUNRISE FL 33323

Title PD  
Name FOWLER WEBB, THERESA  
Address 1600 SAWGRASS CORPORATE PKWY  
SUITE 400  
City-State-Zip: SUNRISE FL 33323

Title VSTD  
Name MENENDEZ, N MARIA  
Address 1600 SAWGRASS CORPORATE PKWY  
SUITE 400  
City-State-Zip: SUNRISE FL 33323

Title VP  
Name SAENZ, CHARLES  
Address 1600 SAWGRASS CORPORATE PKWY  
SUITE 400  
City-State-Zip: SUNRISE FL 33323

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FOWLER WEBB, THERESA

PD

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date