

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000010024

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**3785262229CC**

**Entity Name:** TUSCAN PLACE MEDICAL AND PROFESSIONAL  
CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

326 DEL PRADO BLVD N  
CAPE CORAL, FL 33909

**Current Mailing Address:**

28089 VANDERBILT DRIVE  
SUITE 201  
BONITA SPRINGS, FL 34134 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

TAX & FINANCIAL STRATEGISTS LLC  
28089 VANDERBILT DRIVE  
SUITE 201  
BONITA SPRINGS, FL 34134 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: HCHARARA**

**02/12/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DAOUD, MAZEN  
Address 12580 UNIVERSITY DR  
City-State-Zip: FORT MYERS FL 33907

Title VSD  
Name CHARARA, HUSNI A  
Address 14300 RIVA DEL LAGO DR  
City-State-Zip: FORT MYERS FL 33907

Title TD  
Name HACHEM, DONIA M  
Address 14300 RIVA DEL LAGO DR  
City-State-Zip: FORT MYERS FL 33907

*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: HUSNI CHARARA**

**VSD**

**02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date