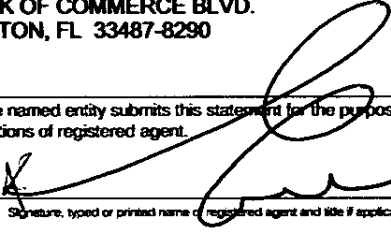
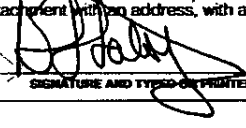


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90238 016 ****61.25

DOCUMENT # N01000008219 1. Entity Name TOSCANA WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3720 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487			Mailing Address 3720 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1637333	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GRAY, DOUGLAS PRIME MANAGEMENT GROUP, INC 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487-8290			7. Name and Address of New Registered Agent Name CHARLES SOLLINS Street Address (P.O. Box Number is Not Acceptable) PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290		
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.			DATE 4/24/04 (NOTE: Registered Agent signature required when reappointing)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMMIELLO, MICHAEL F 3720 S. OCEAN BLVD. #101B HIGHLAND BEACH, FL 33487	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. BARTON SATSKY 3720 S. OCEAN BLVD #1102 HIGHLAND BEACH, FL 33487	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZAMMIELLO, FRANK 3720 S. OCEAN BLVD. #107B HIGHLAND BEACH, FL 33487	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.S.D. MARK SCHERMER 3720 S. OCEAN BLVD #1207 HIGHLAND BEACH, FL 33487	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAMOND, ROBERT 3720 S. OCEAN BLVD. #1002 HIGHLAND BEACH, FL 33487	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. ANDREW BALABAN 3720 S. OCEAN BLVD # 905 HIGHLAND BEACH, FL 33487	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		