

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90128 013 ****70.00

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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

14015788



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1637333

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SOLLINS, CHARLES
PRIME MANAGEMENT GROUP, INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487-8290

7. Name and Address of New Registered Agent

Name **LOUIS CAPLAN, ESQ. - SACHS-SAX-KLEIN, PA**

Street Address (P.O. Box Number is Not Acceptable)
301 YAMATO ROAD SUITE 4150

City **BOCA RATON**

FL

Zip Code
33431

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] **Lo Sachs, Sax, Klein**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SATSKY, BARTON	
STREET ADDRESS	3720 S OCEAN BLVD #1102	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SCHERMER, MARK	
STREET ADDRESS	3720 S OCEAN BLVD #1207	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BALABON, ANDREW	
STREET ADDRESS	3720 S OCEAN BLVD #905	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY GUERTIN	
STREET ADDRESS	3720 S. OCEAN BLVD #508	
CITY-ST-ZIP	HIGHLAND BEACH, FLA 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] **PWS.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #