


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000008219**  
 1. Entity Name  
**TOSCANA WEST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**3720 S. OCEAN BLVD.**      **3720 S. OCEAN BLVD.**  
**HIGHLAND BEACH, FL 33487**      **HIGHLAND BEACH, FL 33487**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
**06-1637333**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CAPLAN, LOUIS ESQ**  
**301 YAMATO RD, STE 4150**  
**BOCA RATON, FL 33431**

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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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

U00000901280  
 04/29/08-80063-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SATSKY, BARTON 3720 S OCEAN BLVD #1102 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHERMER, MARK 3720 S OCEAN BLVD #1207 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINKEN, BARRY 3720 S. OCEAN BLVD #805 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CAROVILLANO, ROBERT 3720 S. OCEAN #403 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GUTTER, MARTY 3720 S. OCEAN #310 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, trustee, or person 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #