

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003848

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** TOSCANA I AT TUSCANY RESERVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

16980 LIVINGSTON RD  
NAPLES, FL 34110

**Current Mailing Address:**

24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

16980 LIVINGSTON RD  
NAPLES, FL 34110

**FEI Number:** 20-2952900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134 US

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

URBANCIC, GREG  
4001 TAMIAMI TRAIL N.  
NAPLES, FL 34103 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: GREG URBANCIC

04/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ERHARDT, PAUL  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DV ( ) Delete  
Name: HERMANSON, MATT  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST ( ) Delete  
Name: WILCOX, GARY  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MANGAN, JEFF  
Address: 16980 LIVINGSTON RD  
City-St-Zip: NAPLES, FL 34110

Title: DVP (X) Change ( ) Addition  
Name: STEWART, MARION  
Address: 16980 LIVINGSTON RD  
City-St-Zip: NAPLES, FL 34110

Title: DST (X) Change ( ) Addition  
Name: FILTHAUT, RAINER  
Address: 3838 TAMIAMI TRAIL NSTE 416  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFF MANGAN

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date