

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000164026

Entity Name: TOSCANA PARK VILLAS, LLC

Current Principal Place of Business:

2199 PONCE DE LEON BLVD.
SUITE 401
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 3435
WEST PALM BEACH, FL 33401 US

FEI Number: 46-4276916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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: DIANA SERRA, VICE PRESIDENT

04/19/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: FCI RESIDENTIAL CORPORATION
Address: 2199 PONCE DE LEON BLVD. SUITE 401
City-State-Zip: CORAL GABLES FL 33134

Title: PRESIDENT
Name: FANJUL, JOSE F. JR.
Address: 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title: SENIOR VICE PRESIDENT
Name: BLOMQUIST, ERIK J.
Address: 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title: VP
Name: PORRO, JUAN C.
Address: 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title: VP & SECRETARY
Name: TABERNILLA, ARMANDO A.
Address: 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title: VP, FINANCE & TREASURER
Name: LONDONO, ALEJANDRO
Address: 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title: VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER
Name: HENDI, MEHDI
Address: 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

Title: ASSISTANT SECRETARY
Name: SADLER, BENJAMIN
Address: 1 NORTH CLEMATIS STREET SUITE 200
City-State-Zip: WEST PALM BEACH FL 33401

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARMANDO A. TABERNILLA

VP & SECRETARY, BY
LAUREN DUEMIG,
ATTORNEY-IN-FACT

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT VICE PRESIDENT, TAX
Name JACOBS, NICK
Address 2199 PONCE DE LEON BLVD.
SUITE 401
City-State-Zip: CORAL GABLES FL 33134

Title ASSISTANT VICE PRESIDENT, TAX
Name RICE, BRIAN D.
Address 2199 PONCE DE LEON BLVD.
SUITE 401
City-State-Zip: CORAL GABLES FL 33134