2020 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 201 CORAL GABLES, FL 33134

Current Mailing Address:

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

FEI Number: 46-4276916

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			06/17/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	PRESIDENT	
Name	FCI RESIDENTIAL CORPORATION	Name	FANJUL, JOSE F. JR.	
Address	2199 PONCE DE LEON BLVD.	Address	P.O. BOX 3435	
City-State-Zip:	SUITE 201 CORAL GABLES FL 33134	City-State-Zip:	WEST PALM BEACH FL 3340'	l
Title Name Address City-State-Zip: Title	SENIOR VICE PRESIDENT BLOMQVIST, ERIK J. P.O. BOX 3435 WEST PALM BEACH FL 33401 VP & SECRETARY	Title Name Address City-State-Zip: Title Name	VP PORRO, JUAN C. P.O. BOX 3435 WEST PALM BEACH FL 3340 ⁻¹ VP OF TAXATION ZUKOWSKI, PHILIP M	I
Name Address City-State-Zip:	TABERNILLA, ARMANDO A. P.O. BOX 3435 WEST PALM BEACH FL 33401	Address P.O. BOX 3435 City-State-Zip: WEST PALM BEACH FL 3340	I	
Title Name Address	VP, FINANCE & TREASURER LONDONO, ALEJANDRO P.O. BOX 3435			

City-State-Zip: WEST PALM BEACH FL 33401

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

VICE PRESIDENT

06/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 17, 2020 Secretary of State 7585719513CC

Certificate of Status Desired: No

Date