

**2019 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

**FILED**  
**Apr 22, 2019**  
**Secretary of State**  
**2393972955CC**

**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.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 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**

**04/22/2019**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: FCI RESIDENTIAL CORPORATION  
Address: 2199 PONCE DE LEON BLVD.  
SUITE 201  
City-State-Zip: CORAL GABLES FL 33134

Title: PRESIDENT  
Name: FANJUL, JOSE F. JR.  
Address: P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title: SENIOR VICE PRESIDENT  
Name: BLOMQUIST, ERIK J.  
Address: P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title: VP  
Name: PORRO, JUAN C.  
Address: P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title: VP & SECRETARY  
Name: TABERNILLA, ARMANDO A.  
Address: P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title: VP OF TAXATION  
Name: ZUKOWSKI, PHILIP M  
Address: P.O. BOX 3435  
City-State-Zip: WEST PALM BEACH FL 33401

Title: VP, FINANCE & TREASURER  
Name: LONDONO, ALEJANDRO  
Address: 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**

**04/22/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date