2001 UNIFORM BUSINESS REPORT (UBR)												
DOCUMENT # N0000001247  1. Entity Name												
TOSCANA HOMEOWNERS' ASSOCIATION, INC.						OF OCT 29 AMTI: 38 _SECRETARY OF STATE						
Principal Place of Business Mailing Address							TALLAH.	ASSEE.	FLORIDA	1		
3700 S. OCEAN BLVD. HIGHLAND BEACH FL 33487  3700 S. OCEAN BLVD. HIGHLAND BEACH FL 33487			87			420	19007		 3-\$U	1,25		
2. Principal F	Place of Business	3. Mailing Address	Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.				DO NOT W	RITE IN THIS	SPACE			
City & State City & State						4. FEI Numb	98634	<u></u>		plied For t Applicable		
Zip	Country	Zip	Cour	itry			of Status Desired		\$8.75 Add	itional		
	6. Name and Address of Current R	legistered Agent				7. Name en	Address of Nev	v Registered	d Agent			
ZAMMIELLO, MICHAEL F				Name_ Street A	ddress (F	.O. Box Numb						
3700 S. OCEAN BLVD.			-				-					
HIGHLAN	D BEACH FL 33487			City	-			F	L Zip Cod	9		
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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing)  DATE												
FILE NOW: 9. Election Campaign I FEE IS \$61.25 Trust Fund Contribut												
10.	OFFICERS AND DIRE	ECTORS	11.		A	DDITIONS/CH	IANGES TO OFFI	CERS AND D			e e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAMMIELLO, MICHAEL F 3700 S. OCEAN BLVD. HIGHLAND BEACH FL 33487	Delete	TITLE NAME STREE CITY-S	I ADDRESS St-zip				_	☐ Change	Addition	CR2E037 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ZAMMIELLO, FRANK 3700 S. OCEAN BLVD. HIGHLAND BEACH FL 33487	☐ Delete	TITLE NAME STREE CITY-S	i adoréss St-Zip					☐ Change	☐ Addition   8	S. S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Delete ZAMMIELLO, ADRIENNE			ADDRESS	3700	-C154.	I ean Blud Bead, FL	3348	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET CITY-S	ADDRESS 17-ZIP	1,1.0	, un - u - u			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ACDRESS IT-ZIP					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S						☐ Change	Addition		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3/t), 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Slock 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: ESIGNATURE AND SED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day												