

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90089 012 \*\*\*\*70.00

|                                                                               |         |                                                                                   |         |
|-------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # N00000001247</b>                                                |         |  |         |
| 1. Entity Name<br>TOSCANA HOMEOWNERS' ASSOCIATION, INC.                       |         |                                                                                   |         |
| Principal Place of Business<br>3701 S. OCEAN BLVD.<br>HIGHLAND BEACH FL 33487 |         | Mailing Address<br>3740 S. OCEAN BLVD<br>HIGHLAND BEACH FL 33487                  |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                         |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                         |         |
| City & State                                                                  |         | City & State                                                                      |         |
| Zip                                                                           | Country | Zip                                                                               | Country |



1st MOORE CR2E037 (10/05)

|                                                                                                                               |  |                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 4. FEI Number<br>65-0986340                                                                                                   |  | Applied For<br>Not Applicable                                                                                                                                                                                                         |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                           |  |                                                                                                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><br>ZAMMIELLO, MICHAEL F<br>3720 S. OCEAN BLVD.<br>HIGHLAND BEACH FL 33487 |  | 7. Name and Address of New Registered Agent<br>Name <u>RANDALL K ROGER &amp; ASSOCIATES, P.A.</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>621 NW 53RD ST. SUITE 300</u><br>City <u>BOCA RATON</u> FL <u>33487</u> |  |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature], Randall K. Roger, Pres, Randall K. Roger 4/27/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) + ASSOC., P.A. DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>ZAMMIELLO, MICHAEL F<br>3720 S OCEAN BLVD<br>HIGHLAND BEACH FL 33487 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | JAMES V. THOMAS V-S-D<br>3740 S. OCEAN BLVD #707<br>HIGHLAND BEACH, FL. 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BARTSATSKY, D<br>3720 S OCEAN BLVD #1102<br>HIGHLAND BEACH FL 33487 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | BARTON SATSKY P-D<br>3720 S. OCEAN BLVD. #1102<br>HIGHLAND BEACH, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>SALTATORE, ANTHONY<br>3740 S OCEAN BLVD #506<br>HIGHLAND BEACH FL 33487 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | STUART SAMUELS<br>3700 S. OCEAN BLVD. #1801<br>HIGHLAND BEACH, FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

[Signature]