

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000001247

1. Entity Name
TOSCANA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
3701 S. OCEAN BLVD.
HIGHLAND BEACH, FL 33487

Mailing Address
3740 S. OCEAN BLVD
HIGHLAND BEACH, FL 33487



01142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0986340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RANDALL K. ROGER & ASSOCIATES, P.A.
621 NW 53RD ST
SUITE 300
BOCA RATON, FL 33487

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSP
NAME	THOMAS, JAMES V
STREET ADDRESS	3740 SOUTH OCEAN BLVD SUITE 707
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487

TITLE	PD
NAME	SATSKY, BARTON
STREET ADDRESS	3720 S OCEAN BLVD #1102
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487

TITLE	DS
NAME	SAMUELS, STUART
STREET ADDRESS	3700 SOUTH OCEAN BLVD SUITE 1801
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/07-80016-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another, like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/07