FILED
Jun 04, 2003 8:00 am
Secretary of State
05-01-2003 90828 017 ****70.00

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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55046131

DOCUMENT # N00000001247

1. Entity Name
TOSCANA HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3701 S. OCEAN BLVD.	3720 S. OCEAN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIGHLAND BEACH, FL	City & State: HIGHLAND BEACH, FL
Zip: 33487 Country: U.S.A.	Zip: 33487 Country: U.S.A.

4. FEI Number: 65-0986340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL ZAMMIELLO

Street Address (P.O. Box Number is Not Acceptable): 3720 S. OCEAN BLVD

City: HIGHLAND BEACH FL Zip Code: 33487

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P-D MICHAEL ZAMMIELLO 3720 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487	
V-D FRANK ZAMMIELLO 3720 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487	
S-D ADRIENNE ZAMMIELLO 3720 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487	
	DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 561-278-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #