

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90053 030 ****61.25

40069300



DOCUMENT # N02000001919 1. Entity Name TOSCANA AT VASARI VILLAGE ASSOCIATION, INC.					
Principal Place of Business HAYDEN & ASSOCIATION 8359 BEACON BLVD STE 213 FORT MYERS, FL 33907		Mailing Address HAYDEN & ASSOCIATION 8359 BEACON BLVD STE 213 FORT MYERS, FL 33907			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0664507	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPENCER, MARCI HAYDEN & ASSOCIATION 8359 BEACON BLVD STE 213 FORT MYERS, FL 33907				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	AS	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKER, STEPHEN		NAME	Parker, Stephen	
STREET ADDRESS	1220 TOSCANA WAY 201		STREET ADDRESS	12200 Toscana Way #201	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANUITES, ANTHONY		NAME	Maione, Victoria	
STREET ADDRESS	103 CLIPPER WAY		STREET ADDRESS	12040 Toscana Way #202	
CITY-ST-ZIP	BREWSTER, MA 02631		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAIONE, VICTORIA		NAME	Samiotes, Anthony	
STREET ADDRESS	21512 CARLTON DR		STREET ADDRESS	12140 Toscana Way #102	
CITY-ST-ZIP	CASSOPOLIS, MI 49031		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITMORE, JAMES A		NAME	Jankowski, Janet	
STREET ADDRESS	2950 IMMOKALEE RD, STE 2		STREET ADDRESS	12220 Toscana Way #201	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Wilson, Wayne	
STREET ADDRESS			STREET ADDRESS	12259 Toscana Way #202	
CITY-ST-ZIP			CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					