

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001919

FILED
Apr 19, 2012
Secretary of State

Entity Name: TOSCANA AT VASARI VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

HAYDEN & ASSOCIATES
8359 BEACON BLVD STE 313
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

HAYDEN & ASSOCIATES
8359 BEACON BLVD. SUITE 313
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 01-0664507 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAYDEN & ASSOCIATES
8359 BEACON BLVD. SUITE 313
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MAIONE, VICTORIA
Address: 8359 BEACON BLVD
City-St-Zip: FT MYERS, FL 33907

Title: V
Name: SAMIOTES, ANTHONY
Address: 8359 BEACON BLVD
City-St-Zip: FT MYERS, FL 33907

Title: S
Name: HILL, STEVE
Address: 8359 BEACON BLVD
City-St-Zip: FT MYERS, FL 33907

Title: D
Name: ENGRASSER, WAYNE
Address: 8359 BEACON BLVD
City-St-Zip: FT MYERS, FL 33907

Title: D
Name: SCHNEIDER, FRAN
Address: 8359 BEACON BLVD
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICTORIA MAIONE

P

04/19/2012

Electronic Signature of Signing Officer or Director

_____ Date