

N02 000001919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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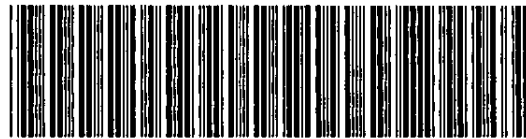
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI  
TALLAHASSEE, FLORIDA

*C. Mustain*

NOV 15 2012

C. MUSTAIN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOSCANA AT VASARI VILLAGE ASSOCIATION, INC  
Name of Corporation

**DOCUMENT NUMBER:** NO2000001919

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Dee Masterson  
Hayden & Assoc  
12650 Whitehall Dr  
\_\_\_\_\_  
Ft Myers, FL 33907  
\_\_\_\_\_  
dee@hayden-associates.com

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dee Masterson at (239) 489-4890  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TOSCANA AT VASARI VILLAGE ASSOCIATION, INC

2. The principal office address: 12650 Whitehall Dr Ft Myers, FL 33907

3. The mailing address (if different):

4. Date of incorporation/qualification: 3/18/02 Document number: ND20000001919

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Hayden Assoc. LLC
8359 Beacon Blvd, Suite 313
Ft Myers, FL 33907

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

12650 Whitehall Dr
Ft Myers, FL 33907

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Dee Masterson
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

11-7-12
Date

If signing on behalf of an entity:

Dee Masterson
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*