

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90013 020 \*\*\*\*61.25

**DOCUMENT # N03000004373**

1. Entity Name  
TOSCANA III AT VASARI CONDOMINIUM ASSOCIATION,  
INC.



Principal Place of Business  
8430 ENTERPRISE CIRCLE  
SUITE 100  
BRADENTON, FL 34202

Mailing Address  
8430 ENTERPRISE CIRCLE  
SUITE 100  
BRADENTON, FL 34202

**20052081**



2. Principal Place of Business

3. Mailing Address

07122006 Chg-NP CR2E037 (4/06)

8359 Beacon Blvd, Suite 213  
Ft Myers, FL 33907

21301 S Tamiami Trail  
Suite 320, PMB 335  
Estero, FL 33928

4. FEI Number  
20-0496972

Applied For  
Not Applicable

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPENCER, MARC I  
877 EXECUTIVE CENTER DRIVE W., SUITE 205  
ST. PETERSBURG, FL 33702-2472

Name Ken Hayden  
Street Address (P.O. Box Number is Not Acceptable)  
21301 S. Tamiami Trail  
Suite 320 PMB 335  
City Estero, FL 33928

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

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 September 6, 2006**

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	D FICHTER, THOMAS P JR 8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITMORE, JAMES A 8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, ALAN B 8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SPENCER, MARC I 877 EXECUTIVE CENTER DR W, SUITE 205 ST. PETERSBURG, FL 337022472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Victoria Malone 12040 Toscana Way, #202 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Heide Gordon 12031 Toscana Way, #202 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Nancy Howard 12000 Toscana Way, #101 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Liz Gallas 12000 Toscana Way, #203 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Goldye Meyer 12051 Toscana Way, #103 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Ken Hayden 21301 S. Tamiami Trail, #320-335 Estero, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 #

Ken Hayden

7-20-06 239-489-4890