

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90128 014 ****61.25

DOCUMENT # N03000004376					
1. Entity Name TOSCANA II 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		
2. Principal Place of Business 9411 Cypress Lake Dr Suite 2 Ft. Myers FL 33919		3. Mailing Address 9411 Cypress Lake Dr Suite 2 Ft. Myers FL 33919			
City & State Ft. Myers FL		City & State Ft. Myers FL		4. FEI Number 20-0496943	
Zip 33919		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 33702-2472				7. Name and Address of New Registered Agent Name: Robert E. Gelles Street Address (P.O. Box Number is Not Acceptable): 9411 Cypress Lake Dr Suite 2 City: Ft. Myers FL Zip Code: 33919	
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:		DATE: 4-26-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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 DV NAME SCHWARTZ, DOUGLAS L STREET ADDRESS 2950 IMMOKALEE ROAD SUITE 2 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME SMITH, ALAN B STREET ADDRESS 2950 IMMOKALEE ROAD SUITE 2 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WHITMORE, JAMES A STREET ADDRESS 2950 IMMOKALEE ROAD SUITE 2 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VST NAME BRATT, C. ALEXANDER STREET ADDRESS 8430 ENTERPRISE CIRCLE, STE 100 CITY-ST-ZIP BRADENTON, FL 342024108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME SPENCER, MARC I ASST. STREET ADDRESS 877 EXECUTIVE CENTER DR. W CITY-ST-ZIP ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 Alan Smith		DATE: 4-11-05	