

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90250 033 \*\*\*\*61.25

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03132006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N03000004376</b> 1. Entity Name <b>TOSCANA II AT VASARI CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>Hayden &amp; Assoc. 8359 Beacon Blvd - Ste. 213 Fort Myers, FL 33907</b>			Mailing Address <b>Hayden &amp; Assoc. 8359 Beacon Blvd - Ste. 213 Fort Myers, FL 33907</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-0496943</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>Hayden &amp; Assoc. 21301 S. Tamiami Trail Suite 320 PMB 335 Estero, FL 33928</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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		(NOTE: Registered Agent signature required when reinstating) DATE <b>4/24/06</b>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV SCHWARTZ, DOUGLAS L 2950 IMMOKALEE ROAD SUITE 2 NAPLES, FL 34110</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES. SAMIOTES, ANTHONY 103 CLIPPER WAY BREWSTER MA 02631</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP SMITH, ALAN B 2950 IMMOKALEE ROAD SUITE 2 NAPLES, FL 34110</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP PATON, GENE 7340 WINSFORD LANE SYLVANIA OH 43560</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WHITMORE, JAMES A 2950 IMMOKALEE ROAD SUITE 2 NAPLES, FL 34110</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC RILEY, SHAWN 1440 CHAGRIN RIVER RD. GATES MILLS OH 44040</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VST BRATT, C. ALEXANDER 8430 ENTERPRISE CIRCLE, STE 100 BRADENTON, FL 342024108</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREAS. SCHWAB, BURT 30415 WOOD OAK CIR WESTLAKE OH 44145</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS SPENCER, MARC ASST. 877 EXECUTIVE CENTER DR. W ST. PETERSBURG, FL 33702</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIR LAVALL, DENNIS 106 SOUTH VILLAGE APT 1D ROCKVILLE CENTER NY 11570</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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:		Date <b>4/20/06</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			