

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N03000007291</b> 1. Entity Name <b>VILLA TOSCANA CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> 05 APR -8 PM 4:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA 03/24/05 90036 024 \$61.25 	
Principal Place of Business <b>395 CARMINE DR COCOA BEACH FL 32931</b>				Mailing Address <b>395 CARMINE DR COCOA BEACH FL 32931</b>			
2. Principal Place of Business <b>224 CHANDLER ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>224 CHANDLER ST.</b> Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04) 4. FEI Number <b>83-0398171</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State <b>CAPE CANAVERAL, FL</b>		City & State <b>CAPE CANAVERAL, FL</b>					
Zip <b>32920</b> Country <b>USA</b>		Zip <b>32920</b> Country <b>USA</b>					
6. Name and Address of Current Registered Agent <b>CONOSCENTI, LOUISE 395 CARMINE DR COCOA BEACH FL 32931</b>				7. Name and Address of New Registered Agent Name <b>YAMASAKI, KIYOSHI</b> Street Address (P.O. Box Number is Not Acceptable) <b>224 CHANDLER ST.</b> City <b>CAPE CANAVERAL</b> FL Zip Code <b>32920</b>			
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 <u><i>K. Yamasaki</i></u> DATE <u>3/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>Make Check Payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CONOSCENTI, GUISEPPE		NAME	KIYOSHI YAMASAKI			
STREET ADDRESS	395 CARMINE DR		STREET ADDRESS	224 CHANDLER ST.			
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP	CAPE CANAVERAL, FL 32920			
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CONOSCENTI, LOUISE		NAME	NANCY DERRINGER			
STREET ADDRESS	395 CARMINE DR		STREET ADDRESS	218 CHANDLER ST.			
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP	CAPE CANAVERAL, FL 32920			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SARANJA, THOMASLAV		NAME	GARY DERRINGER			
STREET ADDRESS	3490 N US HWY 1		STREET ADDRESS	218 CHANDLER ST.			
CITY-ST-ZIP	COCOA FL 32926		CITY-ST-ZIP	CAPE CANAVERAL, FL 32920			
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	ERIC ROBERTS			
STREET ADDRESS			STREET ADDRESS	220 CHANDLER ST.			
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CANAVERAL, FL 32920			
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	DAN KEEFE			
STREET ADDRESS			STREET ADDRESS	222 CHANDLER ST.			
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CANAVERAL, FL 32920			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <u><i>K. Yamasaki</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3/20/05</u> Daytime Phone # <u>321-784-1715</u>			