2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007291

1. Entity Name
VILLA TOSCANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
224 CHANDLER ST. CAPE CANAVERAL, FL 32920	224 CHANDLER ST. CAPE CANAVERAL, FL 32920

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03122005 No Chg-NP CR2E037 (11/05)

4. FEI Number
83-0398171
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YAMASAKI, KIYOSHI
224 CHANDLER ST.
CAPE CANAVERAL, FL 32920

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000472561
03/29/06-80041-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	YAMASAKI, KIYOSHI
STREET ADDRESS	224 CHANDLER ST.
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	VSD
NAME	DERRINGER, NANCY
STREET ADDRESS	218 CHANDLER ST.
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	D
NAME	DERRINGER, GARY
STREET ADDRESS	218 CHANDLER ST.
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	D
NAME	ROBERTS, ERIC
STREET ADDRESS	220 CHANDLER ST.
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	D
NAME	KEEFE, DAN
STREET ADDRESS	222 CHANDLER ST.
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: K. Yamasaki K. YAMASAKI 3/15/06 321-784-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #