

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007291

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: VILLA TOSCANA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

224 CHANDLER ST.  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

224 CHANDLER ST.  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 83-0398171      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: YAMASAKI, KIYOSHI  
Address: 224 CHANDLER ST.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VSD ( ) Delete  
Name: DERRINGER, NANCY  
Address: 218 CHANDLER ST.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: DERRINGER, GARY  
Address: 218 CHANDLER ST.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: ROBERTS, ERIC  
Address: 220 CHANDLER ST.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: KEEFE, DAN  
Address: 222 CHANDLER ST.  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIYOSH YAMASAKI

PTF

02/12/2009

Electronic Signature of Signing Officer or Director

Date