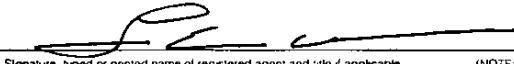
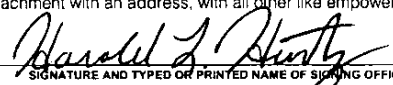


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90052 030 ****61.25

DOCUMENT # N04000000208 1. Entity Name TOSCANA AT RENAISSANCE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2020 CLUBHOUSE DR. SUN CITY CENTER, FL 33573		Mailing Address 2020 CLUBHOUSE DR. SUN CITY CENTER, FL 33573	
2. Principal Place of Business 409 E. College Ave. Suite, Apt. #, etc. T		3. Mailing Address P.O. Box 1058 Suite, Apt. #, etc.	
City & State Ruskin, FL		City & State Ruskin, FL	
Zip 33570		Zip 33575	
Country		Country	
4. FEI Number 54-2144916		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIAN N 2020 CLUBHOUSE DR. SUN CITY CENTER, FL 33573		7. Name and Address of New Registered Agent Name Lou Ellen Wilson Street Address (P.O. Box Number is Not Acceptable) 409 E. College Ave City Ruskin FL Zip Code 33570	
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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE	P	Delete <input checked="" type="checkbox"/>	
NAME	LUPER, JOHN		
STREET ADDRESS	2020 CLUBHOUSE DR.		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		
TITLE	VD	Delete <input checked="" type="checkbox"/>	
NAME	NELSON, GARY		
STREET ADDRESS	2020 CLUBHOUSE DR.		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		
TITLE	STD	Delete <input checked="" type="checkbox"/>	
NAME	KEITH, SYLVIA		
STREET ADDRESS	2020 CLUBHOUSE DR.		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		
TITLE		Delete <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P/O	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME	Harold Hintz		
STREET ADDRESS	1363 Emerald Dunes		
CITY-ST-ZIP	Sun City Center, FL 33573		
TITLE	D/P	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME	Patrick Pennucci		
STREET ADDRESS	1357 Emerald Dunes		
CITY-ST-ZIP	Sun City Center, FL 33573		
TITLE	D/S/T	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME	Home Hayley, Jr.		
STREET ADDRESS	1372 Emerald Dunes		
CITY-ST-ZIP	Sun City Center, FL 33573		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:  Harold L. Hintz 11/7/06 813 642 9372 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			