

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000208

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** TOSCANA AT RENAISSANCE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

409 E. COLLEGE AVE  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1058  
RUSKIN, FL 33575

**New Mailing Address:**

**FEI Number:** 54-2144916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, LOU ELLEN  
409 E. COLLEGE AVE  
RUSKIN, FL 33570 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:** D/ST  
**Name:** HINTZ, HAROLD  
**Address:** 1363 EMERALD DUNES  
**City-St-Zip:** SUN CITY CENTER, FL 33573

**Title:** D/VP  
**Name:** MYERS, SCOTT  
**Address:** 1336 EMERALD DUNES  
**City-St-Zip:** SUN CITY CENTER, FL 33573

**Title:** D/P  
**Name:** DOLAN, SHARON  
**Address:** 1338 EMERALD DUNES  
**City-St-Zip:** SUN CITY CENTER, FL 33573

I hereby 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 all other like empowered.

**SIGNATURE:** LOU ELLEN WILSON

AGT

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date