## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # NO/00003040

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

05-02-2007 90069 044 \*\*\*\*61.25

1. Entity Name TOSCANA TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.											
Principal Place of Business 777 S. HARBOUR ISLAND BLVD SUITE 270 TAMPA, FL 33602  Mailing Address 777 S. HARBOUR ISLAND SUITE 270 TAMPA, FL 33602  TAMPA, FL 33602					BLVD						
,		ness - No P.O. Box #		3001 Executive Drive							
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 260					ng-NP	CR2E0	37 (12/06)	
City & State			City & State Clearwater FC				4. FEI Number Applied For 20-1115258 Applied For Not Applicable				
Zip		Country	33702		S A		5. Certificate of St			\$8.75 Ad Fee Require	
	6. Name	and Address of Curren	Registered Agent		Name	-	7. Name and Add	ress of New R	egistered	Agent	
CONDOMINIUM ASSOCIATES 777 S. HARBOUR ISLAND BLVD.						dress (P.	O. Box Number is I	Not Acceptable	a)		
SUITE 270 TAMPA, FL 33602											
					City				FL	Zip Cod	ie
	tions of regist				ered office or re	egistered	agent, or both, in	the State of Flo		familiar with	, and accept
		d or printed name of registered ager	it and title if applicable.	(NOTE: Register	red Agent signature i	required w	nen reinstating)		DATE		
	Filing Fe	ee is \$61.25 May 1, 2007	9. Electio	(NOTE: Register 	Financing	_ \$	55.00 May Be		lake chec	k payable t	
10.	Filing Fe Due by N	e is \$61.25	9. Electio Trust F	n Campaign and Contribu	Financing ution.	3 <b>\$</b>	55.00 May Be	Flor	ake chec ida Depa	rtment of S	tate
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP SEYMOR 3150 TOS	oe is \$61.25 May 1, 2007 OFFICERS AND D	9. Electio Trust F	on Campaign Fund Contribu	Financing ution.	AD AD PROPER	55.00 May Be dded to Fees DITIONS/CHANG USILVERW	Flor ES TO OFFICEI I & W CAL	ake chec ida Depa	rtment of S	tate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07

Daytime Phone #