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Sep 09, 2008 8:00 am
Secretary of State
09-09-2008 90002 005 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003919

1. Entity Name
TOSCANA TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.

40115481

Principal Place of Business	Mailing Address
~~777 S. HARBOUR ISLAND BLVD~~ ~~SUITE 270~~ ~~TAMPA, FL 33602~~	~~3001 EXECUTIVE DRIVE~~ ~~SUITE 260~~ ~~CLEARWATER, FL 33762~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4902 Eisenhower Blvd	4902 Eisenhower Blvd
Suite, Apt. #, etc.: Suite 216	Suite, Apt. #, etc.: Suite 216
City & State: Tampa FL	City & State: Tampa FL
Zip: 33634 Country: USA	Zip: 33634 Country: USA

07252008 Chg-NP CR2E037 (12/06)

4. FEI Number: 20-1115258 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONDOMINIUM ASSOCIATES 777 S. HARBOUR ISLAND BLVD. ~~SUITE 270~~ ~~TAMPA, FL 33602~~	Name: Real Manage LLC Street Address (P.O. Box Number is Not Acceptable) 4902 Eisenhower Blvd Ste. 216 City: Tampa FL Zip Code: 33634

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: Wade Magers 9/6/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

Filing Fee is $61.25
Due by September 12, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SILVERMAN, DREW 3139 TOSCANA CR TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVD WIEXEN, MARK 3137 TOSCANA CR TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WEINER, MARK	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MORANDO, LOUIS 3137 TOSCANA CR TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SINGH, VONITA 3122 TOSCANA CR TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Andrew Silverman 9/3/08 813-844-7210
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #