

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003919

FILED
Jan 20, 2009
Secretary of State

Entity Name: TOSCANA TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4902 EISENHOWER
SUITE 216
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

4902 EISENHOWER
SUITE 216
TAMPA, FL 33634

New Mailing Address:

FEI Number: 20-1115258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REAL MANAGE LLC
4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

WADE MYERS, REALMANAGE, LL
4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634 US

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: WADE MYERS

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SILVERMAN, DREW
Address: 3139 TOSCANA CR
City-St-Zip: TAMPA, FL 33611

Title: DVD () Delete
Name: WEINER, MARK
Address: 3147 TOSCANA CR
City-St-Zip: TAMPA, FL 33611

Title: DT () Delete
Name: MORANDO, LOUIS
Address: 3137 TOSCANA CR
City-St-Zip: TAMPA, FL 33611

Title: DS () Delete
Name: SINGH, VONITA
Address: 3122 TOSCANA CR
City-St-Zip: TAMPA, FL 33611

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHOBE, DAVID
Address: 3129 TOSCANA CR
City-St-Zip: TAMPA, FL 33611

Title: VPD (X) Change () Addition
Name: WEINER, MARK
Address: 3147 TOSCANA CR
City-St-Zip: TAMPA, FL 33611

Title: TD (X) Change () Addition
Name: SULLIVAN, PATRICIA
Address: 3181 TOSCANA CR
City-St-Zip: TAMPA, FL 33611

Title: D (X) Change () Addition
Name: SINGH, VONITA
Address: 3122 TOSCANA CR
City-St-Zip: TAMPA, FL 33611

Title: SD () Change (X) Addition
Name: GADKE, MICHALLE
Address: 3120 TOSCANA CIR
City-St-Zip: TAMPA, FL 33611

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: DAVID SHOBE

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date