

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004616

FILED
Jan 28, 2005
Secretary of State

Entity Name: TOSCANA ASSOCIATION, INC.

Current Principal Place of Business:

69 LOGGERHEAD COURT
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

69 LOGGERHEAD COURT
PONCE INLET, FL 32127

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTHY, SCOTT
69 LOGGERHEAD CT.
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

MCCARTHY, SCOTT J
69 LOGGERHEAD CT.
PONCE INLET, FL 32127 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: SCOTT J MCCARTHY

01/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCARTHY, SCOTT
Address: 507-C HERBERT ST.
City-St-Zip: PORT ORANGE, FL 32129

Title: VD () Delete
Name: JAROSIK, SUSAN
Address: 507-C HERBERT ST.
City-St-Zip: PORT ORANGE, FL 32129

Title: STD () Delete
Name: MCCARTHY, MICHELE
Address: 507-C HERBERT ST.
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCARTHY, SCOTT J
Address: 507-C HERBERT ST.
City-St-Zip: PORT ORANGE, FL 32129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MCCARTHY, MICHELE L
Address: 507-C HERBERT ST.
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHELE L MCCARTHY

STD

01/28/2005

Electronic Signature of Signing Officer or Director

Date