

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004616

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** TOSCANA ASSOCIATION, INC.

**Current Principal Place of Business:**

1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**New Mailing Address:**

**FEI Number:** 55-0908770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARKIN, MICHELE  
1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 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:** PD  
**Name:** JAROSIK, TOM  
**Address:** 224 VISTA DELLA TOSCANA  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** DV  
**Name:** TEETERS, BRUCE  
**Address:** 567 NORTH BEACH ST.  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** DST  
**Name:** BENSON, TRACEY  
**Address:** 36 ROCKY BLUFF  
**City-St-Zip:** ORMOND BEACH, FL 32174

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:** TOM JAROSKI

DP

01/13/2010

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

\_\_\_\_\_  
Date