# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 11, 2006 8:00 am**
**Secretary of State**
05-11-2006 90235 003 ****61.25

DOCUMENT # N04000005317

1. Entity Name

TOSCANA SOUTH CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3740 SOUTH OCEAN BLVD.<br>HIGHLAND BEACH FL 33487 | 3740 SOUTH OCEAN BLVD.<br>HIGHLAND BEACH FL 33487 |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 06-1637333 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

CAPLON, LOUIS ESQ
301 YAMATO ROAD
SUITE 4150
BOCA RATON FL 33431

**7. Name and Address of New Registered Agent**

Name LOUIS CAPLAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2006**

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 | PD<br>REINBERGS, JOHN<br>3740 S OCEAN BLVD, # 1703<br>HIGHLAND BEACH FL 33487 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JAMES V. THOMAS P.D.<br>3740 S. OCEAN BLVD # 707<br>HIGHLAND BEACH, FL 33487 | ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TOWNSEND, LEONARD<br>3740 S OCEAN BLVD, # 1703<br>HIGHLAND BEACH FL 33487 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DAVID AXELROD V. D.<br>3740 S. OCEAN BLVD #603<br>HIGHLAND BEACH, FL 33487 | ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSD<br>SALVATORE, ANTHONY<br>3740 S OCEAN BLVD, # 1703<br>BOCA RATON FL 33487 | ☐ 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 |
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| 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 Section 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:** J. Thomas 4/4/06 561-266-2022