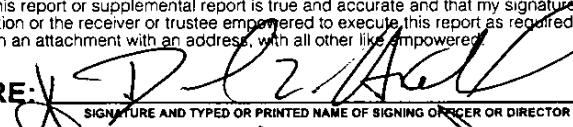


45752

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90056 028 ****61.25

DOCUMENT # N04000005317					
1. Entity Name TOSCANA SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3740 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487			Mailing Address 3740 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03112008 Chg-NP CR2E037 (12/06) 4. FEI Number 06-1637333	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAPLON, LOUIS ESQ 301 YAMATO ROAD SUITE 4150 BOCA RATON, FL 33431				Name 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 _____					
Filing Fee is \$61.25 Due by May 1, 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	TSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMALLWOOD, DAVID		NAME		
STREET ADDRESS	3240 S OCEAN BLVD 1703		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33487		CITY - ST - ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	THOMAS, JAMES V		NAME		
STREET ADDRESS	3740 S. OCEAN BLVD. #707		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33487		CITY - ST - ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	AXELRAD, DAVID		NAME		
STREET ADDRESS	3740 S. OCEAN BLVD. #603		STREET ADDRESS		
CITY - ST - ZIP	HIGHLAND BEACH, FL 33487		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:  3/15/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					