

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000003346					
1. Entity Name TOSCANA II AT RENAISSANCE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573			Mailing Address 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573		
2. Principal Place of Business - No P.O. Box # 409 E. College Ave		3. Mailing Address P.O. Box 1058			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ruskin, FL		City & State Ruskin, FL 33575		4. FEI Number 20-3676065	
Zip 33570		Country Hills.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIENT 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name: Lou Ellen Wilson Street Address (P.O. Box Number is Not Acceptable): 409 E. College Ave. City: Ruskin FL Zip Code: 33576	
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$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 PD NAME LUPER, JOHN STREET ADDRESS 2020 CLUBHOUSE DRIVE CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete		TITLE D/I NAME ANDERSON, WILLIAM R. JR. STREET ADDRESS 1413 Emerald Dunes Drive CITY-ST-ZIP Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME NELSON, GARY STREET ADDRESS 2020 CLUBHOUSE DRIVE CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete		TITLE D/S NAME JONES, ROOSEVELT STREET ADDRESS 1420 EMERALD DUNES DRIVE CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME ROBERTS, NORM STREET ADDRESS 2020 CLUBHOUSE DRIVE CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete		TITLE D/P NAME ENYART, JAMES N. STREET ADDRESS 1408 EMERALD DUNES DRIVE CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME KNOCK, DAVID L. STREET ADDRESS 1410 Emerald Dunes Drive CITY-ST-ZIP Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D/VP NAME PEHOUSHEK, JOSEPH W. STREET ADDRESS 1411 EMERALD DUNES DRIVE CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		200134945942 08/26/08--01005--005 **\$61.25		
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 JAMES N ENYART 31 JUL 08 813 633 5566 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JN 8-22



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