

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003346

FILED
Apr 24, 2009
Secretary of State

Entity Name: TOSCANA II AT RENAISSANCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

409 E. COLLEGE AVE
RUSKIN, FL 33570 0

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1058
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 20-3676065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LOU ELLEN
409 E. COLLEGE AVE
RUSKIN, FL 33570 0

Name and Address of New Registered Agent:

WILSON, LOU ELLEN
409 E. COLLEGE AVE
RUSKIN, FL 33570 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:

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: PEHOUSHEK, JOSEPH W
Address: 1411 EMERALD DUNES DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DT () Delete
Name: ANDERSON, WILLIAM P JR
Address: 1413 EMERALD DUNES DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DS () Delete
Name: JONES, ROOSEVELT
Address: 1420 EMERALD DUNES DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DP () Delete
Name: ENYART, JAMES N
Address: 1408 EMERALD DUNES DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: KNOCK, DAVID L
Address: 1410 EMERALD DUNES DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SAROSY, RAYMOND
Address: 1429 EMERALD DUNES DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

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

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

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

Title: DVP (X) Change () Addition
Name: KNOCK, DAVID L
Address: 1410 EMERALD DUNES DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES ENYART

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date