

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003630

FILED
Apr 10, 2007
Secretary of State

Entity Name: TOSCANA CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

150 S.E. 2ND AVE.
SUITE 807
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

150 S.E. 2ND AVE.
SUITE 807
MIAMI, FL 33178

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FERNANDEZ VALLE, MARIA
3750 N.W. 87TH AVENUE
UNIT 100
MIAMI, FL 33178 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: P () Delete
Name: MARTINEZ, MAURICIO
Address: 150 S.E. 2ND AVE., SUITE 807
City-St-Zip: MIAMI, FL 33178

Title: S () Delete
Name: MALABET, JOSE
Address: 150 S.E. 2ND AVE., SUITE 807
City-St-Zip: MIAMI, FL 33178

Title: T () Delete
Name: SARABIA, CARLOS
Address: 150 S.E. 2ND AVE., SUITE 807
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINEZ, MAURICIO
Address: 150 S.E. 2ND AVE., SUITE 807
City-St-Zip: MIAMI, FL 33131

Title: S (X) Change () Addition
Name: MALABET, JOSE
Address: 150 S.E. 2ND AVE., SUITE 807
City-St-Zip: MIAMI, FL 33131

Title: T (X) Change () Addition
Name: SARABIA, CARLOS
Address: 150 S.E. 2ND AVE., SUITE 807
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS SARABIA

T

04/10/2007

Electronic Signature of Signing Officer or Director

Date