

N15000003901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

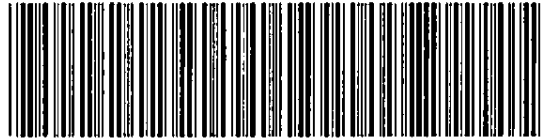
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Special Instructions to Filing Officer:

Registered Agent is not  
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2023 OCT 27 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FL

A. P.

C. J. J.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOSCANA ISLES MASTER ASSOCIATION INC.  
Name of Corporation

**DOCUMENT NUMBER:** N15000003901

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATHEW D WILSON

Name of Contact Person

ADVANCED MANAGEMENT OF SW FL INC

Firm/Company

899 WOODBRIDGE DR

Address

VENICE, FL 34293

City/State and Zip Code

GHALL@AMIWRA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLEND A HALL

at (941) 493-0287

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

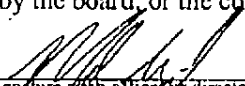
1. The name of the corporation: TOSCANA ISLES MASTER ASSOCIATION INC
2. The principal office address: ADVANCED MANAGEMENT OF SW FL INC  
899 WOODBRIDGE DR, VENICE, FL 34293
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 4/17/2015 Document number: N15000003901
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ACCESS MANAGEMENT  
2970 UNIVERSITY PARKWAY STE 101  
SARASOTA, FL 34243

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
ADVANCED MANAGEMENT OF SW FL INC ID # 65-0260360  
899 WOODBRIDGE DR 9031 Town Center Pkwy  
VENICE, FL 34293 Bradenton FL 34202


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

MATHEW D WILSON  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

MATHEW D WILSON  
Date

If signing on behalf of an entity:

TOSCANA ISLES MASTER ASSOCIATION INC  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)



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## Detail by Entity Name

Florida Profit Corporation

ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA, INC.

### Filing Information

**Document Number** S49707  
**FEI/EIN Number** 65-0260360  
**Date Filed** 04/24/1991  
**Effective Date** 04/18/1991  
**State** FL  
**Status** ACTIVE

### Principal Address

9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

Changed: 05/21/2002

### Mailing Address

9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

Changed: 05/21/2002

### Registered Agent Name & Address

Wilson, Mathew D  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

Name Changed: 03/22/2023

Address Changed: 05/21/2002

### Officer/Director Detail

#### **Name & Address**

Title Treasurer, CEO, Director

WILSON, DOUGLAS E.  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

Title VP, Director

WILSON, LACINDA L.  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

Title President, Director

WILSON, MATHEW D.  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

Title Secretary

KLIMEK, CYNTHIA J  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

Title VP

Hall, Alexander  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

#### Annual Reports

Report Year	Filed Date
2021	04/20/2021
2022	04/26/2022
2023	03/22/2023

#### Document Images

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
OCT 23 2023

BY: .....

October 17, 2023

MATHEW D WILSON  
899 WOODBRIDGE DR  
VENICE, FL 34293

SUBJECT: TOSCANA ISLES MASTER ASSOCIATION, INC.  
Ref. Number: N15000003901

We have received your document for TOSCANA ISLES MASTER ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 223A00024017

*Please see attached corporate documentation -  
Thank you.*

OCT 27 2023