2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N43539

Entity Name: VILLA TOSCANA AT CORAL GABLES, INC.

Current Principal Place of Business:

261 NAVARRE AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1100 EL RADO
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0328014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELTON, SUSANA
1100 EL RADO
CORAL GABLES, FL 33134 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: VP ( ) Delete
Name: ABRAHAM, JAMES
Address: 261 NAVARRE AVENUE #310
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: LLERANI, CLAUDIA
Address: 261 NAVARA AVE, 303
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: VALDIVIA, RUBEN
Address: 261 NAVARRE AVE. #308
City-St-Zip: CORAL GABLES, FL 33134

Title: P ( ) Delete
Name: LEYMARIE, SERGIO
Address: 261 NAVARRE AVE #305
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: ROONEY, BRIAN
Address: 261 NAVARRE AVE #306
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEYMARIE, SERGIO
Address: 261 NAVARRE AVENUE #305
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition
Name: ABRAHAM, JAMES
Address: 261 NAVARA AVE, 310
City-St-Zip: CORAL GABLES, FL 33134

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

Title: S (X) Change ( ) Addition
Name: GONZALEZ, OMAR
Address: 261 NAVARRE AVE #202
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: SUSANA, BETANCOURT
Address: 261 NAVARRE AVE #101
City-St-Zip: MIAMI, FL 33134

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: SERGIO LEYMARIE P 02/24/2009

Electronic Signature of Signing Officer or Director — Date