

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43539

FILED  
Feb 08, 2012  
Secretary of State

**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:**

P.O. BOX 14-1857  
CORAL GABLES, FL 33114

**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  
5258 SW 8 ST  
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: P  
Name: LEYMARIE, SERGIO  
Address: 261 NAVARRE AVENUE #305  
City-St-Zip: CORAL GABLES, FL 33134

Title: T  
Name: ABRAHAM, JAMES  
Address: 261 NAVARA AVE, 310  
City-St-Zip: CORAL GABLES, FL 33134

Title: S  
Name: GONZALEZ, OMAR  
Address: 261 NAVARRE AVE. #202  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: DAWKINS, TANYA  
Address: 261 NAVARRE AVE #311  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: MAZZEI, CLAUDIO  
Address: 261 NAVARRE AVE #302  
City-St-Zip: MIAMI, FL 33134

I hereby 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 all other like empowered.

**SIGNATURE:** SERGIO LEYMARIE

P

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date