

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90026 016 \*\*\*\*61.25

<b>DOCUMENT # N93000002915</b>					
<b>1. Entity Name</b> ISLE OF TUSCANY NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> BAYSHORE MANAGEMENT 1304 SW BAYSHORE BLVD PORT ST. LUCIE, FL 34983    US			<b>Mailing Address</b> BAYSHORE MANAGEMENT 1304 SW BAYSHORE BLVD PORT ST. LUCIE, FL 34983    US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0407876	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BRESNAHAM, WILLIAM 416 NW MARSALA TERRACE PORT ST. LUCIE, FL 34986			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRESNAMAN, WILLIAM		NAME		
STREET ADDRESS	4168 MARSALA TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	TD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, ROBERT		NAME	LARSEN	
STREET ADDRESS	435 N.W. MARSALA TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAUCH, KARL		NAME		
STREET ADDRESS	386 N.W. SHERRY LN		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMHI, BARBARA		NAME		
STREET ADDRESS	391 NW SHERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	D		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AVANZATO, VIRGINIA		NAME	THOMAS KRAJEWSKI	
STREET ADDRESS	324 TUSCANY COURT		STREET ADDRESS	415 TUSCANY Ct.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP	PSL, FL. 34986	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Robert A. Larsen</i>			4/2/07    772 879 6046		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		