

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90031 032 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000002915		
1. Entity Name ISLE OF TUSCANY NEIGHBORHOOD ASSOCIATION, INC.		

Principal Place of Business BAYSHORE MANAGEMENT 1304 SW BAYSHORE BLVD PORT ST. LUCIE, FL 34983 US	Mailing Address BAYSHORE MANAGEMENT 1304 SW BAYSHORE BLVD PORT ST. LUCIE, FL 34983 US
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2. Principal Place of Business - No P.O. Box # BAYSHORE ASSOCIATION Mgmt	3. Mailing Address BAYSHORE ASSOCIATION Mgmt
Suite, Apt. #, etc. 430 NW LAKE WHITNEY PLACE	Suite, Apt. #, etc. 430 LAKE WHITNEY PLACE
City & State PORT ST. LUCIE FL	City & State PORT ST LUCIE FL
Zip 34986	Country US
Zip 34986	Country US

6. Name and Address of Current Registered Agent BRESNAHAM, WILLIAM 416 NW MARSALA TERRACE PORT ST. LUCIE, FL 34986	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when remitting) DATE

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRESNAMAN, WILLIAM 4168 MARSALA TERRACE PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARSEN, ROBERT 435 N.W. MARSALA TERRACE PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAUCH, KARL 386 N.W. SHERRY LN PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMHI, BARBARA 391 NW SHERRY LANE PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAJEWSKI, THOMAS 415 TUSCANY CT PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 letter like empowered.

SIGNATURE: *Robert A. Larson* 3/2/08 ROBERT A. LARSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #