2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N93000002915

Entity Name: ISLE OF TUSCANY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

BAYSHORE ASSOCIATION MGMT
430 NW LAKEWHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

BAYSHORE ASSOCIATION MGMT, INC
430 NW LAKEWHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

BAYSHORE ASSOCIATION MGMT
430 NW LAKEWHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

BAYSHORE ASSOCIATION MGMT, INC
430 NW LAKEWHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-0407876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRESNAHAM, WILLIAM
416 NW MARSALA TERRACE
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

C/O BAYSHORE ASSOCIATION MANAGMENT, INC.
430 NW LAKE WHITNEY PLACE
PORT ST. LUCIE, FL 34986 US

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: ROBERT A. LARSEN 04/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRESNAMAN, WILLIAM
Address: 4168 MARSALA TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: TD ( ) Delete
Name: LARSEN, ROBERT
Address: 435 N.W. MARSALA TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VPD ( ) Delete
Name: RAUCH, KARL
Address: 386 N.W. SHERRY LN
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S ( ) Delete
Name: CAMHI, BARBARA
Address: 391 NW SHERRY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete
Name: KRAJEWSKI, THOMAS
Address: 415 TUSCANY CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRESNAMAN, WILLIAM
Address: 416 MARSALA TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34986

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

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

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

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

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: ROBERT A. LARSEN TD 04/03/2009
Electronic Signature of Signing Officer or Director Date