

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002915

FILED
Apr 12, 2011
Secretary of State

Entity Name: ISLE OF TUSCANY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0407876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/O BAYSHORE ASSOCIATION MANAGMENT, INC.
430 NW LAKE WHITNEY PLACE
PORT ST. LUCIE, FL 34986 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: PD
Name: BRESNAHAN, WILLIAM
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: TD
Name: LARSEN, ROBERT
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VPD
Name: RAUCH, KARL
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S
Name: CAMHI, BARBARA
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D
Name: KRAJEWSKI, THOMAS
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: ROBERT A. LARSEN

PM

04/12/2011

Electronic Signature of Signing Officer or Director

Date