

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002915

FILED  
Apr 10, 2012  
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: BOB LARSON

TD

04/10/2012

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

\_\_\_\_\_  
Date