**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jun 19, 2024**
**Secretary of State**
**0288028518CC**

DOCUMENT# N12000011623

**Entity Name:** TOSCANA ISLES STORMWATER MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

899 WOODBRIDGE DR
SARASOTA, FL 34293

**Current Mailing Address:**

C/O ADVANCED MANAGEMENT
899 WOODBRIDGE DR.
SARASOTA, FL 34293 US

**FEI Number: 38-3904860**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADVANCED MANAGEMENT OF SW FL INC
9031 TOWN CENTER PKWY
BRADENTON, FL 34202 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: MATHEW D WILSON 06/19/2024

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT |
| Name | COBLENTZ, EUGENE |
| Address | 899 WOODBRIDGE DR |
| City-State-Zip: | SARASOTA FL 34293 |

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|---|---|
| Title | VP |
| Name | FOXWELL, RAYMOND |
| Address | 899 WOODBRIDGE DR |
| City-State-Zip: | SARASOTA FL 34293 |

| | |
|---|---|
| Title | TREASURER, SECRETARY |
| Name | LEONARD, TAMARA |
| Address | 899 WOODBRIDGE DR |
| City-State-Zip: | SARASOTA FL 34293 |

| | |
|---|---|
| Title | ASST. SECRETARY |
| Name | WILSON, MATHEW |
| Address | 899 WOODBRIDGE DR |
| City-State-Zip: | SARASOTA FL 34293 |

| | |
|---|---|
| Title | DIRECTOR AT LARGE |
| Name | JOCHUM, DIANE |
| Address | 899 WOODBRIDGE DR |
| City-State-Zip: | SARASOTA FL 34293 |

| | |
|---|---|
| Title | DIRECTOR AT LARGE |
| Name | MANDEL, JEFFREY |
| Address | 899 WOODBRIDGE DR |
| City-State-Zip: | SARASOTA FL 34293 |

*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: MATHEW D WILSON ASST. SECRETARY 06/19/2024

Electronic Signature of Signing Officer/Director Detail — Date