## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011623

**Entity Name: TOSCANA ISLES STORMWATER MAINTENANCE** 

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O CASTLE GROUP 1990 MAIN STREET SUITE 750 SARASOTA, FL 34236

**Current Mailing Address:** 

C/O CASTLE GROUP 1990 MAIN STREET SUITE 750 SARASOTA, FL 34236 US

FEI Number: 38-3904860 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROSS STREET CORPORATE SERVICES, LLC 200 S. ORANGE AVE SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent

Date

FILED Feb 18, 2019

**Secretary of State** 

7119645424CC

Officer/Director Detail:

Title PRESIDENT Title VP

Name HAYS, SAMANTHA Name PESHKIN, JOHN R

Address C/O CASTLE GROUP Address C/O CASTLE GROUP
1990 MAIN STREET SUITE 750 1990 MAIN STREET SUITE 750

City-State-Zip: SARASOTA FL 34236 City-State-Zip: SARASOTA FL 34236

Title SECRETARY

Name WATSON, BRIAN

Address C/O CASTLE GROUP

1990 MAIN STREET SUITE 750

City-State-Zip: SARASOTA FL 34236

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: SAMANTHA HAYS PRESIDENT

Electronic Signature of Signing Officer/Director Detail

02/18/2019 Date