2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2015
Secretary of State
CC1695798252

DOCUMENT# N43539

Entity Name: VILLA TOSCANA AT CORAL GABLES, INC.

Current Principal Place of Business:

261 NAVARRE AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 14-1857
CORAL GABLES, FL 33114

FEI Number: 65-0328014

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHELTON, SUSANA
6435 SW 24 ST
MIAMI, FL 33155 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

Officer/Director Detail :

Title	P
Name	LEYMARIE, SERGIO
Address	261 NAVARRE AVENUE #305
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	GONZALEZ, OMAR
Address	6301 COLLINS AVE #1806
City-State-Zip:	MIAMI BEACH FL 33141

Title	TREASURER
Name	ECHEVARRIA, MANUEL
Address	261 NAVARRE AVE. #309
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	NIEVES, ISABEL
Address	261 NAVARRE AVE #201
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	MAZZEI, CLAUDIO
Address	261 NAVARRE AVE #302
City-State-Zip:	MIAMI FL 33134

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: MANUEL ECHEVARRIA TREASURER 01/21/2015

Electronic Signature of Signing Officer/Director Detail — Date