

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

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 US

FEI Number: 65-0328014

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIALASTRI, CARLOS
2460 SW 22 ST
MIAMI, FL 33145 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: CARLOS CHIALASTRI

07/06/2016

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

Title TREASURER
Name ECHEVERRIA, 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 ECHEVERRIA

S

07/06/2016

Electronic Signature of Signing Officer/Director Detail

Date