

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770891

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** THE TOWER GALLERY ARTIST COOPERATIVE, INC.

**Current Principal Place of Business:**

751 TARPON BAY RD.  
SANIBEL, FL 33957 US

**New Principal Place of Business:**

**Current Mailing Address:**

751 TARPON BAY RD  
SANIBEL, FL 33957 US

**New Mailing Address:**

**FEI Number:** 59-2547501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NASTARS, CAROLE A  
114 COUSLEY DRIVE  
PORT CHARLOTTE, FL 33952 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: BEDIANT, JOANNE  
Address: 869 DUQUESNE DRIVE  
City-St-Zip: FORT MYERS, FL 33919 US

Title: VPD  
Name: SADLER, SUSAN  
Address: 9454 BEGONIA COURT  
City-St-Zip: SANIBEL, FL 33957 US

Title: TD  
Name: LISTER, CHARLES  
Address: 9416 ARUM CT  
City-St-Zip: SANIBEL, FL 33957 US

Title: SD  
Name: SEBRING, CONNIE  
Address: 24508 MOUNTAIN VIEW DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: TD  
Name: NASTARS, CAROLE  
Address: 114 COUSLEY DR  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: CAROLE NASTARS

TRES

04/08/2011

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

\_\_\_\_\_  
Date