## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 756381**

1. Entity Name



**FILED** Apr 02, 2008 8:00 am Secretary of State

	TOWERS OF HUTCHINSON TION, INC.	ISLAND CONDOMINIL	IM W		04-02-2008 9	<sup>,</sup> 0015 005 *	61.25	
Principal Plac	ce of Business	Mailing Address						
9400 S. OCEAN DR. JENSEN BEACH FL 34957		9400 S. OCEAN DR. JENSEN BEACH FL 34957						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E037	(10/07)	
City & State		City & State			4. FEI Number 59-22522	81	<del></del>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	, LJ	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New	Registered A	Agent	•
CDA71~1*EIE*								
GRAZI, LEIF P.O. BOX 2846 217 E DRON BLVD		Stre		ddress (P.	O. Box Number is Not Acceptal	ble)		
	JART FL 34994							
			City			FL	Zip Cod	le
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or	registere	d agent, or both, in the State of	Florida. Tam I	amiliar with,	and accept
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SIGNATURE	Signature, typart or printed name of registered again	and site diappicacio. (NOTE: F	legistated Agant signac	ле гедальсі м	ศักลา roinstating)	CATE		
	FILE NOW: FEE IS \$61.25	9. Election Camp				lake Check	. Payable	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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