

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90053 048 ****61.25

DOCUMENT # 728869

1. Entity Name

TAHITIAN TOWERS, INC.



Principal Place of Business

%MANAGER #A
19450 GULF BOULEVARD APT #101
INDIAN SHORES FL 33785

Mailing Address

Scherer
2870 SCHERER DR N
#100
SAINT PETERSBURG FL 33716
US

2. Principal Place of Business - No P.O. Box #

19450 GULF BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite A.

City & State

INDIAN SHORES, FL

Zip
33785

Country

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, BRIAN PA
7190 SEMINOLE BLVD
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TAWIL, JOSEPH T
STREET ADDRESS 19450 GULF BLVD #701
CITY-STATE-ZIP INDIAN SHORES FL 33785

TITLE D ☐ Delete
NAME ZIEGLER, TERESA
STREET ADDRESS 309 ORANGWOOD LANE
CITY-STATE-ZIP LARGO FL 33770

TITLE SD ☐ Delete
NAME TAWIL, GEORGIA
STREET ADDRESS 19450 GULF BLVD #701
CITY-STATE-ZIP INDIAN SHORES FL 33785

TITLE VP ☒ Delete
NAME HELGESEN, BERT
STREET ADDRESS 19450 GULF BLVD #402
CITY-STATE-ZIP INDIAN SHORES FL 33785

TITLE T ☐ Delete
NAME CANO, DR, CARLOS
STREET ADDRESS 19450 GULF BLVD #305
CITY-STATE-ZIP INDIAN SHORES FL 33785

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOE TAWIL President 2-17-07 727-517-7857