

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759479** (9)

1. Corporation Name

**LOT 9, TOWER VILLAGE III CONDOMINIUM ASSOCIATION
, INC.**



Principal Place of Business

Mailing Address

**1910 SW 75 TERRACE
GAINESVILLE FL 32607**

**1910 SW 75 TERRACE
GAINESVILLE FL 32607**

3. Date Incorporated or Qualified
08/05/1981

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **7219 SW 45th PLACR**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

GAINESVILLE FL

29 Zip

24 Zip

32607

25 Country

ALACHUA

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENNIS, ALBERT R.
1910 SW 75 TERRACE
GAINESVILLE FL 32607**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **GAGLIANO, JOHN**
CITY - ST - ZIP **7219-C SW 45TH PL.
GAINESVILLE FL**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **DENNIS, ALBERT R**
CITY - ST - ZIP **1910 SW 75TH TERRACE
GAINESVILLE FL**

TITLE ☒ DELETE
NAME **PD**
STREET ADDRESS **ISSACI, RICHARD**
CITY - ST - ZIP **7214-B SW 45TH PL.
GAINESVILLE FL**

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **MILOLUCCI, VICTOR**
CITY - ST - ZIP **7219-D SW 45TH PL.
GAINESVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **TD** ☒ Change ☐ Addition
12 NAME **GAGLIANO, JOHN**
13 STREET ADDRESS **574F DEAN ROAD**
14 CITY - ST - ZIP **DAVIE FL 32765**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE **PD** ☐ Change ☒ Addition
32 NAME **TERESA, CASE**
33 STREET ADDRESS **3429 N.W. 62ND PLACE**
34 CITY - ST - ZIP **GAINESVILLE FL 32653**

41 TITLE **SD** ☐ Change ☒ Addition
42 NAME **TERRY MILOLUCCI**
43 STREET ADDRESS **200 N. HALIFAX AVE**
44 CITY - ST - ZIP **DAYTONA BEACH FL 32118-3348**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Albert R. Dennis **ALBERT R. DENNIS**

5-1-96

Date

352-332-1345

Daytime Phone #

CR2E037 (12/95)