

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90094 050 ****61.25

DOCUMENT # 759479

1. Corporation Name

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

Principal Place of Business

**7219 SW 45TH PLACE
GAINESVILLE FL 32607
US**

Mailing Address

**1910 SW 75 TERRACE
GAINESVILLE FL 32607**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/05/1981

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-99

12.

OFFICERS AND DIRECTORS

TD ☒ DELETE
NAME **GAGLIANO, JOHN**
STREET ADDRESS **5748 DEAN ROAD**
CITY-ST-ZIP **OVIEDO FL**

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

PD ☐ DELETE
NAME **TERESA CASE**
STREET ADDRESS **3429 NW 62ND PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

SD ☒ DELETE
NAME **TERRY MICOLUCCI**
STREET ADDRESS **2100 N HALIFAX AVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TD/SD ☒ Change ☒ Addition
1.1 TITLE **JEFF QUIGLEY**
1.2 NAME
1.3 STREET ADDRESS **9623 SW 53 RD**
1.4 CITY-ST-ZIP **GAINESVILLE FL 32607**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Albert R. Dennis **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

Daytime Phone #

CR2E037 (4/1/98)

0011454