

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 759479

1. Entity Name
LOT 9, TOWER VILLAGE III CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
7219 SW 45TH PLACE
GAINESVILLE, FL 32608 US

Mailing Address
9623 SW 53RD RD
GAINESVILLE, FL 32608



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

QUIGLEY, JEFFREY
9623 SW 53RD RD
GAINESVILLE, FL 32608

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME QUIGLEY, JEFF
STREET ADDRESS 9623 SW 53 RD.
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE VD
NAME DENNIS, ALBERT R
STREET ADDRESS 1910 SW 75TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE SD
NAME TRUSTY, DEVEY
STREET ADDRESS 7219 SW 45TH PL APT B
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000176018
01/10/05-80074-020 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

01/04/05 352-218-0693

Date

Daytime Phone #