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_	06 NG	T-FOR-PRO	FIT	CORPO	RA1	TION		7	
	AN	ENDED AN	NUA	L REPO	RT	T	-	FILED	
DOCUMENT # 759517 1. Entity Name							4	06 AUG 22 FN 1: 30	
TOWER OAKS HOMEOWNERS ASSOCIATION, INC.								SECKLAS JAJE TALLAHAN IN JORGA	
Principal Place of Business 5522 NW 43RD STREET SUITE B GAINESVILLE, FL 32653 US				Mailing Address 5522 NW 43RD STREET SUITE B GAINESVILLE, FL 32653 US				1	
2. Principal Place of Business				3. Mailing Address					
Suite, Apt.		Suite, Apt. #, etc.				06062006	ng-NP CR2E037 (4/06)		
City & State	0	City & State				4. FEI Number	Applied For		
Zip Country			Zip Co		Cou	untry	59-288695 5. Certificate of St	\$8.75 Additional	
6. Name and Address of Current Registe								Fee Required ress of New Registered Agent	
RHINESMITH, PATRICIA 5522 NW 43RD STREET SUITE B GAINESVILLE, FL 32653						Street Address (P.O. Box Number is Not Acceptable) City 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 .		d or printed name of registered agent	and title if applic	able. (NOT	E: Registere	ed Agent signature req	uired when reinstating)	DATE	
Amended AR is \$61.25				9. Election Car Trust Fund (\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10. OFFICERS AND DIRECT					11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOOD, JODI 1825 SW 67 TERRACE GAINESVILLE, FL 32607			Delete TITLE NAME STREET ADDRESS CITY-SI-ZEP		EET ADDRESS		[(Change Addition CO79227868 DS01058014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COX, DIANE			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1					I		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MÆ DANIEL, THOMAS REEF ADDRESS 623 N MAIN STREET			☐ Delete				☐ Change ☐ Addition	
TITLE	D			□ Datata	TITE	-		Change	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 an other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: __

NAME

City-ST-ZIP

GREENE, JOE

GAINESVILLE, FL 32607

STREET ADDRESS | 1958 SW 69 DRIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/12/2006

.ATTACHMENT

Continuation of Directors

10. Officers and Directors:

- D Kimberly King 2035 SW 73 Terrace Gainesville, FL 32607
- D Russell Preston 2707 SW 127 Terrace Archer, FL 32618
- D Mike Esposito 7327 SW 21 Place Gainesville, FL 32607