


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90052 037 ****61.25

DOCUMENT # 759517 1. Entity Name TOWER OAKS HOMEOWNERS ASSOCIATION, INC.					
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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2886955				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RHINESMITH, PATRICIA 5522 NW 43RD STREET SUITE B GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Name <u>DEBBIE HOUDERSHELT</u> Street Address (P.O. Box Number is Not Acceptable) <u>40 BOSCHARDT PROPERTY MANAGEMENT INC</u> <u>5522-B NW 43 ST.</u> City <u>GAINESVILLE</u> FL <u>32653</u>		
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: <u>[Signature]</u> <u>DEBBIE HOUDERSHELT</u> <u>4-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOOD, JODI 1825 SW 67 TERRACE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHERRI STARBIRD 2013 SW 69 DR. GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COX, DIANE 8121 W NEWBERRY ROAD GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL ESPOSITO 7327 SW 21 PL GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HEATON, SHELLEY 2115 SW 72 STREET GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAIL MONAHAN 703 NE 1 ST. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NOBLE, RICK 2231 SW 70 TERRACE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIM ROCKWELL 2118 SW 73 TERR. GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, THOMAS 623 N MAIN STREET GAINESVILLE, FL 32601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAIL MONAHAN 703 NE 1 ST. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, JOE 1958 SW 69 DRIVE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIM ROCKWELL 2118 SW 73 TERR. GAINESVILLE, FL 32607
12. I hereby certify that the information supplied with this filing 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 all other like empowered.					
SIGNATURE: <u>Shelley Heaton</u> <u>Shelley Heaton</u> <u>4/26/07</u> <u>262-0090</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					