

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 765182

1. Entity Name
**TOWER OAKS GLENN HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business

**4511 SHERWOOD TRACE
GAINESVILLE, FL 32607 US**

Mailing Address

**3706 NW 43RD STREET
GAINESVILLE, FL 32606 US**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2787419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOUGHANNAN, NIDAL
4511 SHERWOOD TRACE
GAINESVILLE, FL 32607**

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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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOUGHANNAN, NIDAL
STREET ADDRESS	4511 SHERWOOD TRACE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	BAIRD, KAREN
STREET ADDRESS	4511 SHERWOOD TRACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	ANSTEAD, GINNY
STREET ADDRESS	4511 SHERWOOD TRACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000831254
02/27/08-80010-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #