2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N00000005482

Entity Name: TOWER GROVE LOT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 91-2085441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
% SENTRY MANG., INC.
2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANGAGEMENT INC
2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044 US

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.

SIGNATURE: JAMES W HART JR 03/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WRIGHT, LINDA J
Address: 691 LEXINGTON DR
City-St-Zip: CLERMONT, FL 34711

Title: STD ( ) Delete
Name: SWEANEY, JUDITH L
Address: 656 HARBOR VILLA CT
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: MORGAN, WENDY S
Address: 650 HARBOR VILLA CT
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: MCPEEK, LINDA
Address: 632 HARBOR VILLA CT
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: LEVY, HEATHER
Address: 633 HARBOR VILLA CT
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: SWEANEY, JUDITH L
Address: 656 HARBOR VILLA CT
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Change ( ) Addition
Name: MORGAN, WENDY S
Address: 650 HARBOR VILLA CT
City-St-Zip: CLERMONT, FL 34711

Title: SD (X) Change ( ) Addition
Name: ROBBINS, GERI
Address: 690 LEXINGTON DR
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change ( ) Addition
Name: AMBROSE, JAMES
Address: 687 LEXINGTON DR
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA WRIGHT PD 03/27/2009
Electronic Signature of Signing Officer or Director Date