

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVE  
AND  
FILED

06 APR 29 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008557

1. Entity Name

TOWER OAKS SUBDIVISION HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business

644 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32301  
US

Mailing Address

P.O. BOX 13089  
TALLAHASSEE FL 32317  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

22-0080299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RHINEHART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

200074326342

05/10/06-01009-018 \*\*\$61.25

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME CANFIELD, SHAWN  
STREET ADDRESS 5567 PLEASANT PINES CT.  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VST ☐ Delete  
NAME HALKA, TRACY  
STREET ADDRESS 5521 CATTAIL COURT  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE M ☒ Delete  
NAME SBORDONE, LEANN  
STREET ADDRESS 536 N. MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition  
NAME Don Cone  
STREET ADDRESS 5531 Town Woods Trl  
CITY-ST-ZIP Tallahassee FL, 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition  
NAME Adam chester  
STREET ADDRESS 5584 Town Woods Trl  
CITY-ST-ZIP Tallahassee FL 32303

TITLE Treasurer ☐ Change ☒ Addition  
NAME John Roberts  
STREET ADDRESS 5545 Green Meadows Ct  
CITY-ST-ZIP Tallahassee FL, 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Robert S Rhinehart*

4/28/06

*5/10/06*