
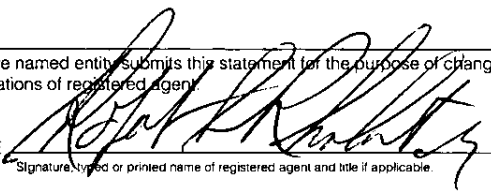
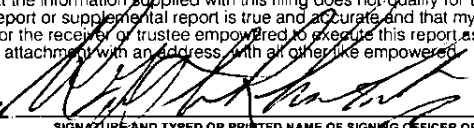


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 30 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>DOCUMENT # N01000008557</b><br>1. Entity Name<br><b>TOWER OAKS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.</b>   |  |  |   |  |   |
| Principal Place of Business<br><b>644 CAPITAL CIRCLE NE<br/>TALLAHASSEE, FL 32301 US</b>   |  |  | Mailing Address<br><b>P.O. BOX 13089<br/>TALLAHASSEE, FL 32317 US</b>   |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |   |
| City & State   |  | City & State   |   |   |   |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>22-0080299</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>RHINEHART, ROBERT S<br/>644 CAPITAL CIRCLE NE<br/>TALLAHASSEE, FL 32317</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |   |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |  | DATE <b>4/11/07</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |  |   |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>CONE, DON</b><br><b>5581 TOWER WOODS TRL</b><br><b>TALLAHASSEE, FL 32303</b>      | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>DRYE, GINGER</b><br><b>5556 Pleasant Pines Ct</b><br><b>Tallahassee FL 32303</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VST</b><br><b>HALKA, TRACY</b><br><b>5521 CATTAIL COURT</b><br><b>TALLAHASSEE, FL 32303</b>   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>PADILLA, JED</b><br><b>5539 Tower Woods Trail</b><br><b>Tallahassee FL 32303</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>CHESTER, ADAM</b><br><b>5584 TOWER WOODS TRL</b><br><b>TALLAHASSEE, FL 32303</b>  | <input checked="" type="checkbox"/> Delete                                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>ROBERTS, JOHN</b><br><b>5545 GREEN MEADOWS CT</b><br><b>TALLAHASSEE, FL 32303</b> | <input checked="" type="checkbox"/> Delete                                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>100102239631</b><br><b>05/14/07--01010--030 **61.25</b>                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |   |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | DATE <b>4/11/07</b><br><small>Date</small>  |   |   |

5/1/07