

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008557

FILED
Mar 20, 2009
Secretary of State

Entity Name: TOWER OAKS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13089
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 22-0080299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHINEHART, ROBERT S
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONE, DON
Address: 5551 TOWER WOODS TRL
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: SHERER, JOHN
Address: 5513 GREEN MEADOWS CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: DRYE, GINGER
Address: 5556 PLEASANT PINES CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: PADILLA, JED
Address: 5539 TOWER WOODS TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete
Name: SAGUIBAL, JERRICK
Address: 5527 CATTAIL CT
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PADILLA, JED
Address: 5539 TOWER WOODS TRL
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP (X) Change () Addition
Name: DRYE, GINGER
Address: 5556 PLEASANT PINE COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: S/T (X) Change () Addition
Name: ETIENNE, MURIEL
Address: 5547 TOWER WOODS TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Change () Addition
Name: SHERER, JOHN
Address: 5513 GREEN MEADOWS COURT
City-St-Zip: TALLAHASSEE, FL 32303

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

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: ROBERT S. RHINEHART

RA

03/20/2009

Electronic Signature of Signing Officer or Director

Date