

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90077 023 \*\*\*\*61.25

<b>DOCUMENT # N03000007183</b> 1. Entity Name <b>TOWER LAKE CENTER COMMERCIAL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>107 DUNBAR AVE SUITE K E OLDSMAR, FL 34677-2950</b>			Mailing Address <b>P.O. BOX 249 OLDSMAR, FL 34677-2950</b> <div style="text-align: right; margin-top: -10px;">0249</div>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>20-0687829</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01042008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>BLEAKLEY, DALE E 105 DUNBAR AVE, SUITE D OLDSMAR, FL 34677-2950</b>			7. Name and Address of New Registered Agent Name <b>Anthone R. Damianakis</b> Street Address (P.O. Box Number is Not Acceptable) <b>2348 Sunset Point Rd.</b>  City <b>Clearwater</b> <b>FL</b> Zip Code <b>33765</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <div style="text-align: right; font-size: 1.2em;">1-16-08</div>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</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 Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCINTYRE, ROBERT B</b> <b>107 DUNBAR AVE., SUITE K E</b> <b>OLDSMAR, FL 346772950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCINTYRE, BRUCE</b> <b>107 DUNBAR AVE., SUITE K E</b> <b>OLDSMAR, FL 346772950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 # <div style="text-align: right;">1-16-08    727-439-3683</div>		