

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001629

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** TIOGA TOWN CENTER OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

105 SW 128TH STREET  
TIOGA, FL 32669

**New Principal Place of Business:**

105 SW 128TH STREET  
SUITE 200  
NEWBERRY, FL 32669

**Current Mailing Address:**

P.O. BOX 13453  
GAINESVILLE, FL 32604

**New Mailing Address:**

P.O. BOX 358170  
GAINESVILLE, FL 32635

**FEI Number:** 86-1100042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIAZ, LUIS A  
105 SW 128TH STREET  
TIOGA, FL 32669 US

**Name and Address of New Registered Agent:**

LEVY, GILBERT A  
105 SW 128TH STREET  
SUITE 200  
NEWBERRY, FL 32669 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: GILBERT A. LEVY

01/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEVY, GILBERT A  
Address: P.O. BOX 358170  
City-St-Zip: GAINESVILLE, FL 32635

Title: V T  
Name: FERRERO, HORST  
Address: P.O. BOX 358170  
City-St-Zip: GAINESVILLE, FL 32635

Title: V S  
Name: CANNELLA, LUISA  
Address: P.O. BOX 358170  
City-St-Zip: GAINESVILLE, FL 32635

I hereby 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 all other like empowered.

SIGNATURE: GILBERT A. LEVY

P

01/14/2011

Electronic Signature of Signing Officer or Director

Date