


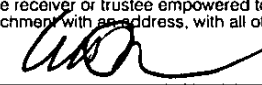


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90355 020 ****61.25

DOCUMENT # N04000001630 1. Entity Name TIOGA TOWN CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 105 SW 128TH STREET TIOGA, FL 32669			Mailing Address 105 SW 128TH STREET TIOGA, FL 32669		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 14121 Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">40073457</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 03152006 Chg-NP CR2E037 (11/05) </div>	
City & State GAINESVILLE FL		City & State GAINESVILLE FL		4. FEI Number 86-1100040	
Zip 32604		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, LUIS A 105 SW 128TH STREET TIOGA, FL 32669				7. Name and Address of New Registered Agent Name JOSE E. MEDINA, JR Street Address (P.O. Box Number is Not Acceptable) 9116 SW 51ST ROAD City GAINESVILLE FL Zip Code 32604	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, LUIS A 105 SW 128TH STREET TIOGA, FL 32669	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIAZ, MIGUEL J 105 SW 128TH STREET TIOGA, FL 32669	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CANNELLA, LUISA G 105 SW 128TH STREET TIOGA, FL 32669	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERRERO, HORST 105 SW 128TH STREET TIOGA, FL 32669	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIAZ, ANNELIESE 105 SW 128TH STREET TIOGA, FL 32669	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gilbert Levy 105 SW 128th Street TioGa, FL 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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:  Luis A. Diaz 4/24/06 (352) 331-7451					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					