

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90136 010 \*\*\*\*61.25

<b>DOCUMENT # N04000001630</b> 1. Entity Name <b>TIOGA TOWN CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>105 SW 128TH STREET TIOGA, FL 32669</b>			Mailing Address <b>PO BOX 14121 GAINESVILLE, FL 32604</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 13461</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Gainesville, FL</b>			
Zip	Country	Zip <b>32604</b>	Country <b>US</b>	4. FEI Number <b>86-1100040</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MEDINA, JOSE E JR 9116 SW 51ST RD GAINESVILLE, FL 32604</b>			7. Name and Address of New Registered Agent Name <b>Luis A. Diaz</b> Street Address (P.O. Box Number is Not Acceptable) <b>105 SW 128th Street, Suite 200</b> City <b>Tioga</b> <b>FL</b> Zip Code <b>32669</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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 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 Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DIAZ, LUIS A 105 SW 128TH STREET TIOGA, FL 32669</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DIAZ, MIGUEL J 105 SW 128TH STREET TIOGA, FL 32669</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CANNELLA, LUISA G 105 SW 128TH STREET TIOGA, FL 32669</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FERRERO, HORST 105 SW 128TH STREET TIOGA, FL 32669</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DIAZ, ANNELIESE 105 SW 128TH STREET TIOGA, FL 32669</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEVY, GILBERT 105 SW 128TH ST TIOGA, FL 32669</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 an other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>712 07 331-6220</b> <small>Date Daytime Phone #</small>		