

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004883

FILED
Apr 17, 2007
Secretary of State

Entity Name: TOWER VIEW ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2629 WAVERLY BARN RD STE 138
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

2629 WAVERLY BARN RD STE 138
DAVENPORT, FL 33897

New Mailing Address:

FEI Number: 20-5377323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNING, JERRY J
2629 WAVERLY BARN RD STE 138
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

HAFF, TULA M ESQUIRE
3399 CYPRESS GARDENS ROAD
SUITE C
WINTER HAVEN, FL 33884 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: TULA MICHELE HAFF

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRENNING, JERRY J
Address: 2629 WAVERLY BARN RD STE 138
City-St-Zip: DAVENPORT, FL 33897

Title: D () Delete
Name: HAFF, TULA M ESQUIRE
Address: 3399 CYPRESS GARDENS ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: PHELPS, THOMAS M SR.
Address: 2629 WAVERLY BARN RD STE 138
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAHLER, MICHAEL J
Address: 2629 WAVERLY BARN RD STE 138
City-St-Zip: DAVENPORT, FL 33897

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TULA MICHELE HAFF, ESQUIRE

D

04/17/2007

Electronic Signature of Signing Officer or Director

Date