

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N05575

1. Entity Name
TOWER PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3417-E TAMiami TRAIL
PORT CHARLOTTE, FL 33952 US**

Mailing Address

**3417-E TAMiami TRAIL
PORT CHARLOTTE, FL 33952 US**



01052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0372860

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAGGIORE, LARRY L
3417-E TAMiami TRAIL
PORT CHARLOTTE, FL 33952**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	BENOCK, THERESA
STREET ADDRESS	3417-A TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	GISSENDANNER, BETTY
STREET ADDRESS	3417 G TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	PD
NAME	MAGGIORE, LARRY
STREET ADDRESS	3417-E TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	OLMSTED, SHERRI
STREET ADDRESS	3417-C TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	DS
NAME	VACCA, SUSAN
STREET ADDRESS	3417-C TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/08-80049-012 70.00

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IN THIS SPACE**

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: *Larry L Maggiore President* **LARRY L MAGGIORE** *1/7/2008* *941-629-5597*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #