## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002903

FILED Jan 10, 2007 Secretary of State

Entity Name: TOWER24 VILLAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5800 NW 39TH AVE - STE 101 5800 NW 39TH AVENUE

GAINESVILLE, FL 32606 SUITE 101

GAINESVILLE, FL 326066972 US

Current Mailing Address: New Mailing Address:

5800 NW 39TH AVE - STE 101 5800 NW 39TH AVE

GAINESVILLE, FL 32606 STE 101

GAINESVILLE, FL 326066972 US

FEI Number: 51-0604418 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BOWERS, PAUL BOWERS, PAUL D 5800 NW 39TH AVE 5800 NW 39TH AVE

GAINESVILLE, FL 32606 US STE 101
GAINESVILLE, FL 326066972 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: PAUL D. BOWERS 01/10/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CH

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 ROWE, ROBERT R
 Name:
 ROWE, ROBERT R

 Address:
 5800 NW 39TH AVE - STE 101
 Address:
 5800 NW 39TH AVE STE 101

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 326066972 US

Title: VPD () Delete Title: VPD (X) Change () Addition Name: ROBINSON, THOMAS A Address: 5800 NW 39TH AVE - STE 101 Address: 5800 NW 39TH AVE STE 101

Address: 5800 NW 39TH AVE - STE 101 Address: 5800 NW 39TH AVE STE 101

City-St-Zip: GAINESVILLE, FL 326066972 US

Title: STD () Delete Title: STD (X) Change () Addition Name: BOWERS, PAUL D

Address: 5800 NW 39TH AVE - STE 101 Address: 5800 NW 39TH AVE STE 101
City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 326066972 US

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: PAUL D. BOWERS STD 01/10/2007