

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002903

FILED
Jan 12, 2008
Secretary of State

Entity Name: TOWER24 VILLAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5800 NW 39TH AVENUE
SUITE 101
GAINESVILLE, FL 326066972 US

New Principal Place of Business:

5800 NW 39TH AVENUE
STE 101
GAINESVILLE, FL 326066972 US

Current Mailing Address:

5800 NW 39TH AVE
STE 101
GAINESVILLE, FL 326066972 US

New Mailing Address:

5800 NW 39TH AVENUE
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:

BOWERS, PAUL D
5800 NW 39TH AVE
STE 101
GAINESVILLE, FL 326066972 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROWE, ROBERT R
Address: 5800 NW 39TH AVE STE 101
City-St-Zip: GAINESVILLE, FL 326066972 US

Title: VPD () Delete
Name: ROBINSON, THOMAS A
Address: 5800 NW 39TH AVE STE 101
City-St-Zip: GAINESVILLE, FL 326066972 US

Title: STD () Delete
Name: BOWERS, PAUL D
Address: 5800 NW 39TH AVE STE 101
City-St-Zip: GAINESVILLE, FL 326066972 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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

01/12/2008

Electronic Signature of Signing Officer or Director

Date