

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27539

FILED
Jan 18, 2008
Secretary of State

Entity Name: TOWER HILL OFFICE ASSOCIATION, INC.

Current Principal Place of Business:

MANAGEMENT SPECIALISTS
4400 NW 36TH AVE
GAINESVILLE, FL 32606

New Principal Place of Business:

MANAGEMENT SPECIALISTS
5208 SW 91ST DRIVE, SUITE D
GAINESVILLE, FL 32608

Current Mailing Address:

4400 NW 36 AVE
GAINESVILLE, FL 32606

New Mailing Address:

MANAGEMENT SPECIALISTS
5208 SW 91ST DRIVE, SUITE D
GAINESVILLE, FL 32608

FEI Number: 59-2963558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPPE, PAT
4400 NW 36TH AVE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

TRIPPE, PAT
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 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:

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAMIS, JEFF
Address: 250-B NW 76 DR.
City-St-Zip: GAINESVILLE, FL 32607

Title: DT () Delete
Name: MASSIMILLO, PAT
Address: 7515 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Delete
Name: HODOR, ANDREW
Address: 240 NW 76TH DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32607

Title: DS () Delete
Name: HOCHN, JOHN
Address: 330 NW 76 DRIVE
City-St-Zip: GAINESVILLE, FL 32607

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:

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: JEFF SHAMIS

PD

01/18/2008

Electronic Signature of Signing Officer or Director

Date