2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27539

FILED Apr 25, 2009 Secretary of State

Entity Name: TOWER HILL OFFICE ASSOCIATION, INC.

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

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

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

TRIPPE, PAT

5208 SW 91ST DRIVE

SUITE D

CANNESY WILE FL 2000 LIS

CANNESY WILE FL 2000 LIS

CANNESY WILE FL 2000 LIS

GAINESVILLE, FL 32608 US 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: SARAH CONNER, AGENT 04/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 () Change () Addition

 Name:
 SHAMIS, JEFF
 Name:

 Address:
 250-B NW 76 DR.
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:

Title: DT () Delete Title: T (X) Change () Addition Name: MASSIMMILLO, PAT Name: MASSIMMILLO, PAT Address: 7515 W UNIVERSITY AVE Address: 7515 W UNIVERSITY AVE

Address: 7515 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

Title: DS () Delete Title: S (X) Change () Addition Name: HOCHN, JOHN Name: HOEHN, JOHN

 Address:
 330 NW 76 DRIVE
 Address:
 330 NW 76 DRIVE

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32607

Title: () Delete Title: D () Change (X) Addition Name: HODOR, ANDREW

Address: Address: 3760 N.W. 83RD STREET SUITE 1

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

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 P 04/25/2009