SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)								
NONPROFIT CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS				
DOCUMENT # N28909 (2)								
TOWER COMMERCE PARK OWNERS ASSOCIATION, INC.  Principal Place of Business Mailing Address								
1479 BAY POINT DRIVE 1479 BAY POINT DRIVE SARASOTA FL 34236-8405 SARASOTA FL 34236-8405								
							3. Date Incorporated or Qualified 10/18/1988	3a. Date of Last Report 05/01/1995
2. 21		ace of Business	26				4. FEI Number 65-0125960	Applied For Not Applicable
22	Suite, Apt. 4	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	Country 25	Zi 29		30		This corporation has liability for i Florida Statutes	Yes 🔽 No
		9. Name and Address of	Current Register	ed Agent	8	Name	10. Name and Address of New Re	gistered Agent
COOK, JOHN F. 1549 RINGLING BOULEVARD						Street Add	lress (P.O. Box Number is Not Acceptab	le)
	SUITE 500					3		
	SARASOTA FL 34236					City		FL 85 Zip Code
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renstating)  DATE								
1:	2.	OFFICE	RS AND DIRECTO	ORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
NA ST	TLE AME TREET ADDRESS	PTD HENDERSON, KENNE 1479 BAY POINT DR. SARASOTA FL		[] OELETE		ET ADDRESS		Change Addition
Til	TY-ST-ZIP TLE NME	SD HENDERSON, SUSAI	NNF G	DELETE	1.4 CITY 2.1 TITLE 2.2 NAM			Change Addition
ST	REET ADDRESS	1479 BAY POINT DR. SARASOTA FL				ET ADDRESS		
Til	TLE	D HENDERSON, JAMES	: n	DELETE	3.1 TITLE			Change Addition
ST	ame Treet address	730 RELLIM LANE	, <b>.</b> .			ET ADDRESS		
	TY-ST-ZIP TLE	SARASOTA FL		DELETE	3.4. CITY 4.1 TITLE	-ST-ZIP		Change Addition
i	AME Freet address				4. 2 NAM 4.3 STRE	E E1 address		
⊢	TY-ST-ZIP			DELETE	4.4 CITY 5.3 TITLE			Change Addition
N/ S1	ME REET ADDRESS			vetere	5.2 NAME 5.3 STREET ADDRESS			reculton
TI	TY-ST-ZIP TLE Ame	LE		DELETE	5 4 CITY - ST - ZIP  DELETE 6.1 TITLE 6.2 NAME			Change Addition
S1 CI	TREET ADDRESS	TADDRESS 6.3 ST-ZIP 6.4			6.3 STRE 6.4 CITY	ET ADDRESS - ST - ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 12 or Block 13 if changed, or og an attachment with an address.								
5	SIGNAT	URE:	and K	Gurden	MHI		6/27/96	941-366-4633
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #  KIENNISTH /2. HENDER SON  O014544								