


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N28909		
1. Entity Name TOWER COMMERCE PARK OWNERS ASSOCIATION, INC.		
Principal Place of Business 1479 BAY POINT DRIVE SARASOTA, FL 34236-8405	Mailing Address 1479 BAY POINT DRIVE SARASOTA, FL 34236-8405	
DO NOT WRITE IN THIS SPACE		



03202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0125960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOK, JOHN F. 330 S. ORANGE AVE. SUITE 500 SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000111770
04/13/04-80033-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HENDERSON, KENNETH R. 1479 BAY POINT DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDERSON, SUSANNE G. 1479 BAY POINT DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, JAMES D. 730 RELLIM LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susanne G Henderson Susanne G Henderson 4/8/04 941 366-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #