## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Sulte, Apt. #, etc

City & State

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Zip

N50854

(1)

Suite, Apt. #, etc.

City & State

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## TOWER OAK PLAZA CONDOMINIUM ASSOCIATION, INC.

Country

9. Name and Address of Current Registered Agent

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CHRISTOPOULOS, WILLIAM

Principal Place of Business	Mailing Address				
2178 MARQUITA DRIVE DUNEDIN FL 94898	2176 MAROUITA DRIVE DUNEDIN FL 34698-2921				
2. Principal Place of Business	2a. Mailing Address				

**FILED** May 15 1997 8:00am Secretary of State



Yes No

8. This corporation has liability for intangible tax under s. 199.032.

10. Name and Address of New Registered Agent

3a. Date of Last Repor 05/01/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 09/14/1992

59-3188650

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

DUNEDIN FL 34698		احما	ļ.——		· · · · · · · · · · · · · · · · · · ·					
		83								
			84	City		FL	<b>85</b> Zip (	Code		
11 Durquent b	a the provisions of Sactions 617 0502 and 6	17 1509 Florida Statutor	the above	namad	corporation cubmits this states		shanning It	o rogistarod		
11. 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 reinstating) DATE										
12,	OFFICERS AND DIRE		13.	nt signature		LS TO OFFICERS AND	DIRECTOR	IS IN 12		
TOTLE	PD	DELETE	1.1 TITLE			LEG TO GITT DE PIOTE	Change	Addition		
NAME	KARAMETCH, FRANK		1.2 NAME				_ •			
STREET ADDRESS	836 DANFORTH AVE.		1.3 STREET	ADDRESS						
CITY+ST-ZIP	TORONTO, ONTARIO, CA		1.4 CITY - S							
TITLE	VST	DELETE	2.1 TITLE				Change	Addition		
NAME	CHRISTOPOULOS, WILLIAM		2.2 NAME							
STREET ADDRESS	2178 MARQUITA DRIVE		2.3 STREET	ADDRESS				ĺ		
CITY-ST-ZIP_	DUNEDIN FL		2.4 CITY-9	ST - 71P						
TITLE	D	DELETE	3.1 TITLE				Change	☐ Addition		
NAME	KARAMITSOS, ALEX		3.2 NAME					1		
STREET ADDRESS	836 DANFORTH AVE.		3.3 STREET	ADDRESS						
CITY - ST - ZIP	TORONTO, ONTARIO, CA		34. CITY-9	ST - 71P	<u> </u>					
TITLE	D	DELETE	4.1 TITLE				Change	Addition		
NAME	ZACHOS, TOM		4. 2 NAME							
STREET ADDRESS	836 DANFORTH AVE.		4.3 STREET	ADDRESS				1		
CITY-ST-ZIP	TORONTO, ONTARIO, CA		4.4 CITY - S	ST-ZIP		·				
TITLE		DELETE "	5.1 TITLE				Change	Addition		
NAME			5.2 NAME					i		
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY - S	1 - Z(P						
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS	l					
CITY-ST-ZIP			6.4 CITY-S					<del></del>		
14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 on an attachment with an address.										

Country

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