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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

(1)

TOWER OAK PLAZA CONDOMINIUM ASSOCIATION, INC.

FILED May 13 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | | | | | | | 1 10 | Orbiol 881 | | | | | 1 01011 0101 | | 44641 (MB) |
|---|---|-------------------------------|--|---------------------------|-------------------------------|----------------------------------|------------------------|---------------|-------------------|---------------|---|------------|-----------|-----------|----------|----------|--------------|--------|----------------|
| 2178 MARQUITA DRIVE 2178 MARQUITA DRIVE DUNEDIN FL 34698 DUNEDIN FL 34698 | | | | | | | | | | | 3. Date Incorporated or Qualified 09/14/1992 | | | | | | | | |
| | | | | | | | | | | <u> </u> | 4. FEI Nu | | 776 | | | | | Anni | ied For |
| | | | | | | | | | | | | -3188 | 850 | | | | - | | pplicable |
| 2. Principal Place of Business 2 | | | | | 2s. Mailing Address | | | | | | | | | | | | \$8.7 | | ., |
| 21 | | | | 26 | 28 | | | | | | 6. Certific | ate of S | tatus D | esired | | J | • | Requ | |
| Suite, Apt. #, etc. | | | | | Suite, Apt. #, etc. | | | | | | 6. Electio | n Camp | aign Fir | ancing | 1 | | \$5.00 |) Ma | у Ве |
| 22 | | | | 27 | 27 | | | | | | Trust F | und Cor | ntributio | n | | <u> </u> | Added | l to F | 008 |
| | City & State | | | | City & State | | | | | | 7. Is this | nonprofi | t corpo | ration a | | | | tion? | |
| 23 | ip. | Country | | | Zip Country | | | | | | | | | <u> </u> | <u> </u> | | (No | | |
| 24 | .ip | ├ ─┐ ′ | | | | | | 200 lily | | | 8. This corporation owes or has paid the current year Intangible | | | | | | | | |
| 25 9. Name and Address of Current | | | | | 1=-1 | | | | | —- | Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent | | | | | | | | |
| | | | | | | | | 81 | Name | | 10 | | | | | | | | |
| | CHRISTO | 20 ILIO9 | WELLAM | | | | ļ | | | | 15.5. | | | | | | | | |
| | CHRISTOPOULOS, WILLIAM 2178 MARQUITA DRIVE | | | | | 82 Stree | | | | | Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| DUNEDIN FL 34696 | | | | | | | | | | | | | | | | | | | |
| | | | • | | | | ļ | | | | | | : | | | | Takit ar | | ··- |
| | | | | | | | | 84 | City | | | | | | | FL | 85 Zi | р Со | de |
| 11. | Pursuant to | the provis | ions of Sections 617.0 ent, or both, in the St | 0502 and | 617.1508, | Florida Statutes | s, the ab | ove | named | d corpora | ation submi | ts this s | tatemer | t for the | e purp | | changing | ite r | egistered |
| | office or re agent. I am | gistered ag n lamiliar wi | ent, or both, in the St th, and accept the ob | late of Flo oligations | of, Section | change was au 617.0503, Flori | ithorized ida Stati | ı by Jiləs | the corp | rporation | n's board of | directo | rs. I her | eby acc | cept th | e appo | intment : | as re | gistered |
| SIGN | NATURE _ | | - | - | | | | | | | | | | | | | | | |
| | 5 | ignature, typed | or printed name of registered | | | (NOTE: | | Ager | nt elonatura | ra required w | when reinstating | | | | | ATE | | | |
| 12. | OFFICERS AND DIRECTORS | | | | | T priese | 13. | | | | ADDITIO | NS/CH/ | ANGES | TO OF | FICERS | | DIRECTO | | |
| TITLE | 1 | PD | TOU COANIV | | L | DELETE | 1.1 1(1 | | | | | | | | | · | Change | 3 (| Addition |
| NAME | 1 | | ETCH, FRANK | | | | 1.2 NA | | | | | | | | | | | | |
| | T ADDRESS | | WFORTH AVE. | | | | | | ADDRESS | | | | | | | | | | |
| TITLE | ST-ZIP | VST | <u>ro, ontario, ca</u> | | | DELETE | 1.4 CIT 2.1 TIT | | - ZIP | 1 | | | | | | | Change | , | Addition |
| NAME | i | | OPOULOS, WILLIA | м | | | 2.2 NA | | | 1 | | | | | | | r Criang | , , | NOULLOIL |
| | T ADDRESS | | ARQUITA DRIVE | m | | | | | ADORESS | | | | | | | | | | |
| ľ | ST-ZIP | DUNEDI | | | | | 2.4 CI | | | | | | | | | | | | |
| TITLE | | D | | | | DELETE | 3.1 TIT | | | 1 | ··· - ········· | | - | | | ··· | Change | | Addition |
| NAME | 1 | KARAMI | TSOS, ALEX | | | | 3.2 NA | ME | | | | | | | | | • | | _ |
| STREE | T ADDRESS | | FORTH AVE. | | | | 3.3 ST | REET / | ADDRESS | | | | | | | | | | |
| CITY- | ST-ZIP | | O, ONTARIO, CA | | | | 3.4. CI | TY - S1 | T-ZIP | 1 | | | | | | | | | |
| TITLE | | D | | | | DELETE | 4.1 TIT | LE | | 1 | | | | | | [| Change | | Addition |
| NAME | | ZACHOS | | | | | 4. 2 NA | ME | | | | | | | | | | | |
| STREE | T ADDRESS | | NFORTH AVE. | | | | 4.3 STF | EET / | ADDRESS | | | | | | | | | | |
| CITY-S | ST-ZIP | TORONI | O, ONTARIO, CA | | | | 4.4 CIT | Y - ST | - ZIP | | | | | | | | | | |
| TITLE | | | | | L | DELETE | 5.1 TIT | LE | | | | | | | | [| Change |) [| Addition |
| NAME | | | | | | | 5.2 NA | WE | | | | | | | | | | | |
| STREET | T ADDRESS | | | | | | 5.3 STF | EET / | ADDRESS | | | | | | | | | | |
| CITY-S | ST-ZNP | | | | | Toriese | 5.4 CIT | | -ZIP | ļ | | | | | | | ٦ | | T 4 1 100 |
| TITLE | | | | | L. | _] DELETE | 6.1 TIT | | | | | | | | | Ĺ | Change | L | Addition |
| NAME | | | | | | | 62 NA | | | | | | | | | | | | |
| | T ADDRESS | | | | | | 1 | | ADORESS | | | | | | | | | | |
| C/TY-5 | | rtify that the | information supplied | d with this | filina does | not qualify for | 6.4 CiT | noti | -ZIP ion state | ed in Sec | ction 119 0 | 7(3)(i) F | loride S | tatutes | 1 furth | ner cert | ify that th | ne inf | ormation |
| - 1 | Indicated o officer or di | n this annu- irector of th | al report or suppleme e corporation or the r changed, or on an a | eceiver o | ial report is r trustee en | true and accur xe or beweven | rate and | tha | t mv siai | anature s | shall have t | he same | i legal e | ffect as | s if mar | de undi | er oeth∙ i | hat I | am an |

(813)7263877