2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N94000004713

Entity Name: TOWER SQUARE ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASE POMEROY PROPERTIES
1400 MARSH LANDING PKWY SUITE 109
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

C/O CASE POMEROY PROPERTIES
1400 MARSH LANDING PKWY SUITE 109
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-3389567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCNEILL, DOUGLAS W
Address: 1400 MARSH LANDING PKWY SUITE 109
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VD ( ) Delete
Name: HOBBY, SCOTT L
Address: 1400 MARSH LANDING PKWY SUITE 109
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: TS ( ) Delete
Name: LYNN, SHARON A
Address: 1400 MARSH LANDING PKWY SUITE 109
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: D ( ) Delete
Name: MALLINI, G T
Address: M&S BANK, 5010 NW 43RD ST
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LISTA, FELIX M
Address: 1400 MARSH LANDING PKWY SUITE 109
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VPD (X) Change ( ) Addition
Name: HOBBY, SCOTT L
Address: 1400 MARSH LANDING PKWY SUITE 109
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: TSD (X) Change ( ) Addition
Name: LYNN, SHARON A
Address: 1400 MARSH LANDING PKWY SUITE 109
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHARON A LYNN S 04/22/2008

Electronic Signature of Signing Officer or Director — Date