

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90025 039 ****61.25

DOCUMENT # N97000000893 1. Entity Name TOWER ROAD PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business MANAGEMENT SPECIALISTS 4400 NW 36TH AVE. GAINESVILLE, FL 32606		Mailing Address MANAGEMENT SPECIALISTS 4400 NW 36TH AVE. GAINESVILLE, FL 32606	
2. Principal Place of Business - No P.O. Box # 500 NW 43rd St		3. Mailing Address 500 NW 43rd St.	
Suite, Apt., #, etc. Suite 3		Suite, Apt., #, etc. Suite 3	
City & State Gainesville, FL		City & State Gainesville FL	
Zip 32607		Zip 32607	
Country 		Country 	
4. FEI Number 59-3487468		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANAGEMENT SPECIALISTS 4400 NW 36TH AVE. GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name Cornerstone Property Solutions of N Central FL Street Address (P.O. Box Number is Not Acceptable) 500 NW 43rd St Ste 3 City Gainesville FL Zip Code 32607	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 4/21/08 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	NAME DR., SAMARKOS	TITLE 	NAME
STREET ADDRESS 105 NW 15TH ST STE 1	CITY-ST-ZIP GAINESVILLE, FL 32607	STREET ADDRESS 	CITY-ST-ZIP
TITLE D	NAME BARKLEY, JENNIFER	TITLE 	NAME
STREET ADDRESS 101-3 NORTHWEST 75TH STREET	CITY-ST-ZIP GAINESVILLE, FL 32607	STREET ADDRESS 	CITY-ST-ZIP
TITLE D	NAME THOMAS, GARY	TITLE 	NAME
STREET ADDRESS 255 PRIMERA BLVD STE 332	CITY-ST-ZIP LAKE MARY, FL 32746	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		Date 5-4-08 (352)373-2730	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	