2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N97000001193

Entity Name: TOWN OF TIOGA COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

13151 NEWBERRY ROAD
TIOGA, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 140502
GAINESVILLE, FL 32614 US

New Mailing Address:

FEI Number: 59-3435865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCOR REALTY INC
10404 SW 24 TH AVE
GAINESVILLE, FL 32607 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: P ( ) Delete
Name: DIAZ, LUIS A
Address: 13151 NEWBERRY ROAD
City-St-Zip: TIOGA, FL 32669

Title: VP ( ) Delete
Name: DIAZ, MIGEL J
Address: 13151 NEWBERRY ROAD
City-St-Zip: TIOGA, FL 32669

Title: T ( ) Delete
Name: POPP, VICTOR C
Address: 13151 NEWBERRY ROAD
City-St-Zip: TIOGA, FL 32669

Title: D ( ) Delete
Name: MURPHY, JIM
Address: 267 SW 132 TR
City-St-Zip: TIOGA, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: FERRERO, HORST
Address: 211 SW 129 TERRACE
City-St-Zip: TIOGA, FL 32669

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISAA BEUNING RA 05/01/2005

Electronic Signature of Signing Officer or Director — Date