2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
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:

PO BOX 14121
GAINESVILLE, FL 32604 US

FEI Number: 59-3435865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:

MEDINA, JOSE E JR
9116 SW 51ST ROAD
GAINESVILLE, FL 32608 US

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: JOSE E MEDINA, JR. 04/28/2006
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: FERRERO, HORST
Address: 211 SW 129 TERRACE
City-St-Zip: TIOGA, FL 32669

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D ( ) Change (X) Addition
Name: JOSEPH, MICHAEL
Address: 13230 SW 3RD LANE
City-St-Zip: NEWBERRY, FL 32669 US

Title: D ( ) Change (X) Addition
Name: REILLY, TRICIA
Address: 13227 SW 2ND AVENUE
City-St-Zip: NEWBERRY, FL 32669 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS DIAZ MR 04/28/2006
Electronic Signature of Signing Officer or Director — Date