

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90002 016 \*\*\*\*61.25

<b>DOCUMENT # N97000001193</b>					
<b>1. Entity Name</b> TOWN OF TIOGA COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 13151 NEWBERRY ROAD TIOGA, FL 32669 US			<b>Mailing Address</b> PO BOX 14121 GAINESVILLE, FL 32604 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3435865	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MEDINA, JOSE E JR 9116 SW 51ST ROAD GAINESVILLE, FL 32608			Name <b>Diaz, Luis A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13151 Newberry Road</b> City <b>Tioga, FL 32669 FL</b> Zip Code <b>32669</b>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, LUIS A 13151 NEWBERRY ROAD TIOGA, FL 32669	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP DIAZ, MIGEL J 13151 NEWBERRY ROAD TIOGA, FL 32669	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T FERRERO, HORST 211 SW 129 TERRACE TIOGA, FL 32669	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, JIM 267 SW 132 TR TIOGA, FL 32669	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH, MICHAEL 13230 SW 3RD LANE NEWBERRY, FL 32669	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D REILLY, TRICIA 13227 SW 2ND AVENUE NEWBERRY, FL 32669	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <b>Luis Diaz</b>				<b>6-15-07 372 731 6220</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40123000



05212007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$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	P	<input type="checkbox"/> Delete
NAME	DIAZ, LUIS A	
STREET ADDRESS	13151 NEWBERRY ROAD	
CITY - ST - ZIP	TIOGA, FL 32669	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIAZ, MIGEL J	
STREET ADDRESS	13151 NEWBERRY ROAD	
CITY - ST - ZIP	TIOGA, FL 32669	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERRERO, HORST	
STREET ADDRESS	211 SW 129 TERRACE	
CITY - ST - ZIP	TIOGA, FL 32669	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JIM	
STREET ADDRESS	267 SW 132 TR	
CITY - ST - ZIP	TIOGA, FL 32669	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, MICHAEL	
STREET ADDRESS	13230 SW 3RD LANE	
CITY - ST - ZIP	NEWBERRY, FL 32669	
TITLE	D	<input type="checkbox"/> Delete
NAME	REILLY, TRICIA	
STREET ADDRESS	13227 SW 2ND AVENUE	
CITY - ST - ZIP	NEWBERRY, FL 32669	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**D**  
**Boyes, Patrick**  
**261 SW 129th Terrace**  
**Tioga, FL 32669**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #