

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001193

FILED
Jul 02, 2009
Secretary of State

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:

13894 NW 2ND LANE
NEWBERRY, FL 32669 US

Current Mailing Address:

PO BOX 14121
GAINESVILLE, FL 32604 US

New Mailing Address:

PO BOX 13461
GAINESVILLE, FL 32604 US

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:

DIAZ, LUIS A
13151 NEWBERRY ROAD
NEWBERRY, FL 32669 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: FERRERO, HORST
Address: 211 SW 129 TERRACE
City-St-Zip: TIOGA, FL 32669

Title: D () Delete
Name: BOYES, PATRICE
Address: 261 S.W. 129TH TERRACE
City-St-Zip: TIOGA, FL 32669

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

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

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 (X) Change () Addition
Name: BRANT, WILLIAM
Address: 13129 SW 1ST PLACE
City-St-Zip: NEWBERRY, FL 32669 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: LUIS A. DIAZ

P

07/02/2009

Electronic Signature of Signing Officer or Director

Date