


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90375 020 ****61.25

DOCUMENT # N99000003434 1. Entity Name TILLOTSON SQUARE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 2830 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064			Mailing Address 2830 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business 2803 MARINA CIRCLE Suite, Apt. #, etc.			3. Mailing Address 2803 MARINA CIRCLE Suite, Apt. #, etc.		
City & State LIGHTHOUSE POINT FL		City & State LIGHTHOUSE POINT FL		4. FEI Number 65-0961602	
Zip 33064		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENNEY, RICHARD 2800 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064				7. Name and Address of New Registered Agent Name JULIAN THOMSON Street Address (P.O. Box Number is Not Acceptable) 2821 MARINA CIRCLE City LIGHTHOUSE POINT FL Zip Code 33064	
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. SIGNATURE <u><i>Julian Thomson</i></u> DATE <u><i>4/18/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD ADLER, MARSHA 2850 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, THOMAS 2814 MARINA CIRCLE LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YOUNG, THOMAS 2814 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARDS, GREGORY 2805 MARINA CIRCLE LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENNEY, RICHARD 2800 MARINA CIR. LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JULIAN THOMSON 2821 MARINA CIRCLE LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COWDREY, DOT 2870 MARINA CIR. LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COWDREY, DOT 2870 MARINA CIRCLE LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EDWARDS, GREGORY 2875 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, MARSHA 2850 MARINA CIRCLE LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EDWARDS, GREGORY 2875 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, MICHAEL 2840 MARINA CIRCLE LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>Julian Thomson</i></u> DATE <u><i>4/18/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

JULIAN THOMSON 2821 MARINA CIRCLE LIGHTHOUSE PT,
FL 33064