
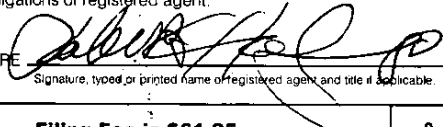
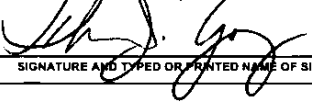


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90200 023 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N99000003434</b><br>1. Entity Name<br><b>TILLOTSON SQUARE COMMUNITY ASSOCIATION, INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br>2803 MARINA CIR<br>LIGHTHOUSE POINT, FL 33064   |  |   | Mailing Address<br>2803 MARINA CIR<br>LIGHTHOUSE POINT, FL 33064  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |   | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.   |   |  |
| City & State   |  |   | City & State  |   |  |
| Zip  |  | Country   |   | Zip   |  |
| Country  |  | Country   |   | 4. FEI Number<br><b>65-0961602</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>THOMSON, JULIAN</b><br><b>2821 MARINA CIR</b><br><b>POMPANO BEACH, FL 33064</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>ROBERT HOLZKAMP</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2845 MARINA CIRCLE</b><br>City <b>LIGHTHOUSE POINT</b> <b>FL</b> Zip Code <b>33064</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.<br><br>SIGNATURE  <b>ROBERT HOLZKAMP, PRES.</b> <b>4/22/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>VP<br>NAME<br>YOUNG, THOMAS<br>STREET ADDRESS<br>2814 MARINA CIR<br>CITY-ST-ZIP<br>POMPANO BEACH, FL 33064  | <input type="checkbox"/> Delete            |   | TITLE<br>DIRECTOR<br>NAME<br>ROBERT HOLZKAMP<br>STREET ADDRESS<br>2845 MARINA CIRCLE<br>CITY-ST-ZIP<br>LIGHTHOUSE POINT FL 33064      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>VP<br>NAME<br>EDWARDS, GREGORY<br>STREET ADDRESS<br>2875 MARINA CIR<br>CITY-ST-ZIP<br>POMPANO BEACH, FL 33064   | <input type="checkbox"/> Delete            |   | TITLE<br>DIRECTOR<br>NAME<br>ROBERT FLYNN<br>STREET ADDRESS<br>2855 MARINA CIRCLE<br>CITY-ST-ZIP<br>LIGHTHOUSE POINT FL 33064         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>PD<br>NAME<br>THOMSON, JULIAN<br>STREET ADDRESS<br>2821 MARINA CIR<br>CITY-ST-ZIP<br>POMPANO BEACH, FL 33064  | <input checked="" type="checkbox"/> Delete |   | TITLE<br>DIRECTOR<br>NAME<br>JOHN R GILLESPIE, JR<br>STREET ADDRESS<br>2860 MARINA CIRCLE<br>CITY-ST-ZIP<br>LIGHTHOUSE POINT FL 33064 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>ST<br>NAME<br>COWDREY, DOT<br>STREET ADDRESS<br>2870 MARINA CIR<br>CITY-ST-ZIP<br>POMPANO BEACH, FL 33064   | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>D<br>NAME<br>ADLER, MARSHA<br>STREET ADDRESS<br>2350 MARINA CIR<br>CITY-ST-ZIP<br>POMPANO BEACH, FL 33064   | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>D<br>NAME<br>WOOD, MICHAEL<br>STREET ADDRESS<br>2840 MARINA CIR<br>CITY-ST-ZIP<br>POMPANO BEACH, FL 33064   | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input 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. |  |   |   |   |  |
| <b>SIGNATURE:</b>  <b>THOMAS YOUNG, DIRECTOR</b> <b>4/22/07</b> <b>954-554-9408</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |   |  |