

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90117 025 \*\*\*\*61.25

<b>DOCUMENT # N99000003434</b> 1. Entity Name TILLOTSON SQUARE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 2803 MARINA CIR LIGHTHOUSE POINT, FL 33064			Mailing Address 2803 MARINA CIR 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	4. FEI Number <b>65-0961602</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLZKAMP, ROBERT 2845 MARINA CIR LIGHTHOUSE POINT9, FL 33064			Name <b>EDWARDS, GREGORY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2875 MARINA CIRCLE</b> 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.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>GREGORY EDWARDS</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4/21/2008</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, THOMAS 2814 MARINA CIR POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D 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	VP EDWARDS, GREGORY 2875 MARINA CIR POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D EDWARDS, GREGORY 2875 MARINA CIRCLE LIGHTHOUSE POINT FL 33064
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLESPIE, JOHN R JR 2860 MARINA CIR LIGHTHOUSE POINTE, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIENER, JOY 2820 MARINA CIRCLE LIGHTHOUSE POINT FL 33064
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COWDREY, DOT 2870 MARINA CIR POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D COWDREY, DOROTHY A. 2870 MARINA CIRCLE LIGHTHOUSE POINT FL 33064
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, MARSHA 2350 MARINA CIR POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, ROBERT 2855 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, MICHAEL 2840 MARINA CIR POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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>					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>DOROTHY A. COWDREY</b>	<b>4/2/08</b> <small>Date</small>
				<b>954-592-2640</b> <small>Daytime Phone #</small>	