


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-26-2008 90001 047 ****61.25

DOCUMENT # N99000005400 1. Entity Name TOWER VENTURES OFFICE OWNERS ASSN., INC.					
Principal Place of Business 4400 NW 36TH AVE GAINESVILLE, FL 32606			Mailing Address 4400 NW 36TH AVE GAINESVILLE, FL 32606		
2. Principal Place of Business - No. P.O. Box Cornerstone Property Solutions		3. Mailing Address Cornerstone Property Solutions			
Suite, Apt. #, etc. 500 NW 43rd Street #3		Suite, Apt. #, etc. 500 NW 43rd St. Suite 3			
City & State Gainesville, FL		City & State Gainesville FL			
Zip 32607		Zip 32607		Country USA	
4. FEI Number 59-3602595					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MANAGEMENT SPECIALISTS 4400 NW 36TH AVE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Cornerstone Property Solutions of N.C. FL, LLC Street Address (P.O. Box Number is Not Acceptable) 500 NW 43rd St. Suite 3 City Gainesville FL Zip Code 32607		
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>Eugene Hawley S. Jfk</u> 8-6-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	ST PLA, JOHN M 4907 NW 43TH STREET STE F GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3603 NW 98th St. Suite C Gainesville, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, AMY 4907 NW 43RD STREET STE F GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3603 NW 98th St. Suite C Gainesville, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, DONNA 4907 NW 43RD STREET, SUITE F GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3603 NW 98th St. Suite C Gainesville, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE: <u>Amy Howard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/31/08 <small>Date</small>		352-331-1111 <small>Daytime Phone #</small>