

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005400

FILED
Apr 07, 2009
Secretary of State

Entity Name: TOWER VENTURES OFFICE OWNERS ASSN., INC.

Current Principal Place of Business:

CORNERSTONE PROPERTY SOLUTIONS
500 NW 43RD STREET STE 3
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

CORNERSTONE PROPERTY SOLUTIONS
500 NW 43RD STREET STE 3
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3602595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS
500 NW 43RD ST STE 3
GAINESVILLE, FL 32607 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: ST () Delete
Name: PLA, JOHN M
Address: 3603 NW 98TH STREET STE C
City-St-Zip: GAINESVILLE, FL 32606

Title: P () Delete
Name: HOWARD, AMY
Address: 3603 NW 98TH STREET STE C
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Delete
Name: PITTS, DONNA
Address: 3603 NW 98TH STREET STE C
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PUGH, MERRILL
Address: 100 SW 75TH ST STE 105
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Change () Addition
Name: PITTS, DONNA
Address: 4141 NW 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

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: MERRILL PUGH

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date