

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000015317

1. Entity Name
TIOGA PROPERTIES, INC.



Principal Place of Business
13151 NEWBERRY RD
TIOGA, FL 32669

Mailing Address
P O BOX 13453
GAINESVILLE, FL 32604

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

6. Name and Address of Current Registered Agent

DIAZ, MIGUEL J
13151 NEWBERRY RD
TIOGA, FL 32669

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DIAZ, MIGUEL J
STREET ADDRESS 13151 NEWBERRY RD
CITY-ST-ZIP TIOGA, FL 32669

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE V
NAME DIAZ, MARIA
STREET ADDRESS 13151 NEWBERRY RD
CITY-ST-ZIP NEWBERRY, FL 32669

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME DIAZ, LUIS A
STREET ADDRESS 13151 NEWBERRY RD
CITY-ST-ZIP NEWBERRY, FL 32669

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME DIAZ, ANNELIESE
STREET ADDRESS 13151 NEWBERRY RD
CITY-ST-ZIP NEWBERRY, FL 32669

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Apr 14, 2008 8:00 am
Secretary of State**

04-14-2008 90025 025 ***150.00

40066802



01292008 Chg-P CR2E034 (12/06)

4. FEI Number
26-0081468 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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City

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3-14-08

352 331 6110