

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004665

**FILED**  
**Jan 12, 2016**  
**Secretary of State**  
**CC7339499571**

**Entity Name:** TOWER GROVE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

LLOYD R O'STEEN  
4212 HAWKINS RD  
PLANT CITY, FL 33567

**Current Mailing Address:**

4212 HAWKINS RD  
PLANT CITY, FL 33567 US

**FEI Number: 26-2437235**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

O'STEEN, LLOYD R  
4212 HAWKINS RD  
PLANT CITY, FL 33567 US

*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

**Officer/Director Detail :**

Title           DST  
Name           O'STEEN, LLOYD R  
Address        4212 HAWKINS ROAD  
City-State-Zip: PLANT CITY FL 33567

Title           DP  
Name           HOOKS, DONNIE E  
Address        615 KILGORE RD  
City-State-Zip: PLANT CITY FL 33567

Title           DVP  
Name           BEGLEY, DIANA M  
Address        603 KILGORE ROAD  
City-State-Zip: PLANT CITY FL 33567

*I hereby 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 all other like empowered.*

**SIGNATURE: LLOYD R. O'STEEN**

**DST**

**01/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date