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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44099 (2)**
1. Corporation Name
TOWER LAKES HOMEOWNERS ASSOCIATION OF LAKE WALES, INC.

Principal Place of Business Mailing Address
500 TOWER LAKES LAKE WALES FL 33853 US **2060 US HWY 27 N S500 LAKE WALES FL 33853 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/27/1991** 3a. Date of Last Report **04/06/1994**

4. FEI Number **59-3079446** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**CRAWFORD, CAROL A.
6320 MATCHETT RD.
SUITE 1107
ORLANDO FL 32809**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRAY, HERBERT
STREET ADDRESS	195 TOWER LAKES LAKE WALES FL
CITY - ST - ZIP	
TITLE	VP
NAME	MURPHY, JAMES
STREET ADDRESS	393 TOWER LAKES LAKE WALES FL
CITY - ST - ZIP	
TITLE	D
NAME	RANKIN, WILLIAM
STREET ADDRESS	104 TOWER LAKES LAKE WALES FL
CITY - ST - ZIP	
TITLE	S
NAME	SHAW, ALBERT R
STREET ADDRESS	021 TOWER LAKES LAKE WALES FL
CITY - ST - ZIP	
TITLE	T
NAME	PRICE, JACKIE
STREET ADDRESS	337 TOWER LAKES LAKE WALES FL
CITY - ST - ZIP	
TITLE	D
NAME	NOVAK, ROBERT
STREET ADDRESS	226 TOWER LAKES LAKE WALES FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rooney, Ted	
1.3 STREET ADDRESS	2060 US HWY 27 N #271	
1.4 CITY - ST - ZIP	Lake Wales, FL 33858	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DeJohn, Elwood "Woody"	
2.3 STREET ADDRESS	2060 US HWY 27 N #398	
2.4 CITY - ST - ZIP	Lake Wales, FL 33853	
3.1 TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tinsley, Barbara J.	
3.3 STREET ADDRESS	2060 US HWY 27 N #242	
3.4 CITY - ST - ZIP	Lake Wales, FL 33853	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Schaaf, Jack	
4.3 STREET ADDRESS	2060 US HWY 27 N #298	
4.4 CITY - ST - ZIP	Lake Wales, FL 33853	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Corbett, Allan	
6.3 STREET ADDRESS	2060 US HWY 27 N #103	
6.4 CITY - ST - ZIP	Lake Wales, FL 33853	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara J. Tinsley, Secy. 2/22/95 (813) 676-6620
Barbara J. Tinsley, Secretary

1044099

D
Gray, Herbert
2060 US HWY 27 N #195
Lake Wales, Fl 33853

change

D
Boydston, Margaret
2060 US HWY 27 N #224
Lake Wales, Fl 33853

addition

D
White, Bob
2060 US HWY 27 N #296
Lake Wales, F. 33853

addition