

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**500 TOWER LAKES
LAKE WALES FL 33853
US**

Mailing Address
**2060 US HWY 27 N
S500
LAKE WALES FL 33853
US**

3. Date Incorporated or Qualified
06/27/1991

3a. Date of Last Report
03/06/1995

4. FEI Number
59-3079446

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

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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25
Country
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
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROONEY, TED	
STREET ADDRESS	2060 US HWY 27 N #271	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEJOHN, ELWOOD "WOODY"	
STREET ADDRESS	2060 US HWY 27 N #398	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TINSLEY, BARBARA J	
STREET ADDRESS	2060 US HWY 27 N #242	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHAAF, JACK	
STREET ADDRESS	2060 US HWY 27 N #298	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, JACKIE	
STREET ADDRESS	337 TOWER LAKES	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORBETT, ALLAN	
STREET ADDRESS	2060 US HWY 27 N #103	
CITY-ST-ZIP	LAKE WALES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Colvin E Anderson	
1.3 STREET ADDRESS	2060 US HWY 27N #25	
1.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dorothy Ames	
3.3 STREET ADDRESS	2060 US HWY 27N #192	
3.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard Williamson	
5.3 STREET ADDRESS	2060 US HWY 27N #257	
5.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Fred Percival	
6.3 STREET ADDRESS	2060 US HWY 27N #166	
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Williamson **Richard Williamson** 3/18/96 941-678-1042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (12/95)