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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 33853-6893  
US

3. Date Incorporated or Qualified 06/27/1991  
3a. Date of Last Report 03/25/1996

2. Principal Place of Business 21  
2a. Mailing Address 26

4. FEI Number 59-3079446  
Applied For Not Applicable

Suite, Apt. #, etc. 22 27

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

City & State 23 28

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

Zip 24 25 Country 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAWFORD, CAROL A.  
6320 MATCHETT RD.  
SUITE 1107  
ORLANDO FL 32809

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSON, CALVIN E	
STREET ADDRESS	2060 US HWY 27N #25	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DEJOHN, ELWOOD "WOODY"	
STREET ADDRESS	2060 US HWY 27 N #398	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	AMES, DORTHY	
STREET ADDRESS	2060 US HWY 27N #192	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHAAF, JACK	
STREET ADDRESS	2060 US HWY 27 N #298	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RICHARD	
STREET ADDRESS	2060 US HWY 27N # 259	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREIVAL, FRED	
STREET ADDRESS	2030 US HWY 27N # 166	
CITY-ST-ZIP	LAKE WALES FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Walter Ballinger	
1.3 STREET ADDRESS	2060 US HWY 27N #121	
1.4 CITY-ST-ZIP	Lake Wales FL	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARRY ZIEGLER	
2.3 STREET ADDRESS	2060 US HWY 27N #357	
2.4 CITY-ST-ZIP	LAKE WALES FL	
3.1 TITLE	S	<input type="checkbox"/> Change <input 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	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHARD WILLIAMSON	
4.3 STREET ADDRESS	2060 US HWY 27N #257	
4.4 CITY-ST-ZIP	LAKE WALES FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CALVIN E ANDERSON	
5.3 STREET ADDRESS	2060 US HWY 27N #025	
5.4 CITY-ST-ZIP	LAKE WALES FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input 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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dorothy Ames* DOROTHY AMES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 13 1997 941-676-2127  
Date Daytime Phone # 0083984

CR2E037 (9/96)