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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44099 (2)
1. Corporation Name
TOWER LAKES HOMEOWNERS ASSOCIATION OF LAKE WALES, INC.



Principal Place of Business 800 TOWER LAKES LAKE WALES FL 33853 US	Mailing Address 2060 US HWY 27 N S500 LAKE WALES FL 33853 US
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3. Date Incorporated or Qualified 06/27/1991	Applied For Not Applicable
4. FEI Number 59-3079446	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 Michael L. Resnick	
82 Street Address (P.O. Box Number is Not Acceptable) 1342 E. Vine Street	
83 Suite 236	
84 City Kissimmee	85 Zip Code FL 34744

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: *[Signature]* DATE: **4/14/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, CALVIN E 2060 US HWY 27N #25 LAKE WALES FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRY ZIEGLER 2060 US HWY 27N #357 LAKE WALES FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMES, DORTHY 2060 US HWY 27N #192 LAKE WALES FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARD WILLIAMSON 2060 US HWY 27N #257 LAKE WALES FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, RICHARD 2060 US HWY 27N # 259 LAKE WALES FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREVAL, FRED 2030 US HWY 27N # 186 LAKE WALES FL	<input checked="" type="checkbox"/> DELETE	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President, D Walter Ballinger 2060 N US Hwy 27 # 121 Lake Wales, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V. President, D Edward Grant 2060 N US Hwy 27 # 410 Lake Wales, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary, D Betty Toney 2060 N US Hwy 27 # 216 Lake Wales, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer, D Richard Williamson 2060 N US Hwy 27 #257 Lake Wales, FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Cornelius Gillespie 2060 N US Hwy 27 # 072 Lake Wales, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Harry Ziegler 2060 N US Hwy 27 # 357 Lake Wales, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I 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: *[Signature]* DATE: **4/14/98**

CR2E037 (10/97)