

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90065 049 \*\*\*150.00

**DOCUMENT # N44099**  
 1. Entity Name  
**TOWER LAKES HOMEOWNERS ASSOCIATION OF LAKE WALES, INC.**



Principal Place of Business  
 328 DOVE CT  
 LAKE WALES, FL 33859-6893 US

Mailing Address  
 328 DOVE CT  
 LAKE WALES, FL 33859-6893 US



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03012005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-3079446**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 TERENCE, ROBERT  
 1220 DOUGLAS AVE  
 SUITE 101B  
 LONGWOOD, FL 32779

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BERGSTROM, LEE	
STREET ADDRESS	2263 ROBIN RIDGE PL	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SPELL, LANGSTON A	
STREET ADDRESS	1883 TOWER LAKES BLVD.	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RICCIO, PHYLLIS A	
STREET ADDRESS	3330 TOWER OVERLOOK DRIVE	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, GLORIA	
STREET ADDRESS	2227 ROBIN RIDGE PLACE	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUPPERT, RUTH A	
STREET ADDRESS	2062 HERON DRIVE	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENIS, JEAN	
STREET ADDRESS	3450 TOWER OVERLOOK DRIVE	
CITY-ST-ZIP	LAKE WALES, FL 33859	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN YOUNG BLOOD	
STREET ADDRESS	2086 HERON PL	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY KING	
STREET ADDRESS	305 DOVE CT.	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR GIBSON	
STREET ADDRESS	4418 WINDY PL	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM HUDSON	
STREET ADDRESS	2015 TOWER LAKES BLVD	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD MOORE	
STREET ADDRESS	1110 PARROT PLACE	
CITY-ST-ZIP	LAKE WALES, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB ROBERTSHAW	
STREET ADDRESS	3497 TOWER OVERLOOK DR	
CITY-ST-ZIP	LAKE WALES, FL 33859	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *William R. Hudson* **3-11-05** **963 678 1947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #