



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90092 049 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02152006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3079446				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TERENCE, ROBERT 1220 DOUGLAS AVE. SUITE 101B LONGWOOD, FL 32779			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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNGBLOOD, KEN		NAME	LORNA BARROW	
STREET ADDRESS	2086 HERON PL		STREET ADDRESS	1245 EAGLE PLACE	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, JERRY		NAME	BETH VERHOFF	
STREET ADDRESS	305 DOVE CT		STREET ADDRESS	2083 QUAIL RIDGE	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, ARTHUR		NAME	RITA WICKMAN	
STREET ADDRESS	2228 WREN PL		STREET ADDRESS	221 WREN PLACE	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, WILLIAM		NAME	CAROL JEAN ERICKSON	
STREET ADDRESS	2015 TOWER LAKES BLVD		STREET ADDRESS	245 GULL LAKE	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUPPERT, RUTH A		NAME	DON CARLIE	
STREET ADDRESS	2062 HERON DRIVE		STREET ADDRESS	525 OSOREY PLACE	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENIS, JEAN		NAME	BARBARA HEIMBACH	
STREET ADDRESS	3450 TOWER OVERLOOK DRIVE		STREET ADDRESS	2158 HERON DR	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	LAKE WALES, FL 33859	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Carol J. Erickson</u>			Date: <u>3/12/06</u>		Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT
20015926
N44099

ATTACHMENT TO 2006 UNIFORM BUSINESS REPORT
TOWER LAKES HOMEOWNERS ASSOCIATION OF LAKE WALES, INC.
FEI NUMBER 59-3079446

CONTINUATION OF LINE 11

		CHANGE	ADDITION
TITLE	D	X	
NAME	KEN YOUNGBLOOD		
ADDRESS			
CITY-ST-ZIP			
TITLE	D	X	
NAME	ARTHUR GIBSON		
ADDRESS			
CITY-ST-ZIP			
TITLE	D	X	
NAME	WILLIAM HUDSON		
ADDRESS			
CITY-ST-ZIP			