


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90051 023 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TERENZIO, ROBERT 1220 DOUGLAS AVE. 1802 ALAFYA TRAIL SUITE 101B LONGWOOD FL 32779 ORLANDO, FL 32826		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)			



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3079446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNGBLOOD, KEN 2086 HERON PL LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARROW, LOTTA LORNA 2245 EAGLE PL LAKE WALES FL 33859 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIBSON, ARTHUR 2228 WREN PL LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDSON, WILLIAM 2015 TOWER LAKES BLVD LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERHOFF, BENNY BETTY 2083 QUAIL RIDGE LAKE WALES FL 33859 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WICKMAN, RITA 221 WREN PL LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREDERICK LADIKIA 1751 TOWER LAKES BLVD LAKE WALES, FL 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BETTY WOHLFOLD 2217 HERON DR LAKE WALES, FL 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLES BENDERSKY 526 MOCKINGBIRD LANE LAKE WALES, FL 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLEN MILLMAN 520 MOCKINGBIRD LANE LAKE WALES, FL 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARON PACK 3473 TOWER OVERLOOK DR LAKE WALES, FL 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROLAND DUBOIS TOWER LAKES BLVD LAKE WALES, FL 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Charles C. Bendersky - CHARLES C. BENDERSKY 2/28/07 863-676-3709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

~~40116878~~

#N44099

CHANGE

ADDITION

MARY ARNOLD



2234 WREN PLACE

LAKE WALES, FL 33859