

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90093 001 \*\*\*\*70.00



**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3079446

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

TERENZIO, ROBERT  
1802 ALAFYA TRAIL  
SUITE 101B  
ORLANDO FL 32826

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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	TD	<input checked="" type="checkbox"/> Delete
NAME	FREDERICK, LADIKA	
STREET ADDRESS	1751 TOWER LAKES BLVD	
CITY- ST- ZIP	LAKE WALES FL 33859	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARROW, LORNA	
STREET ADDRESS	2245 EAGLE PL	
CITY- ST- ZIP	LAKE WALES FL 33859	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WOHLFORD, BETTY	
STREET ADDRESS	2217 HERON DR	
CITY- ST- ZIP	LAKE WALES FL 33859	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BENDERSKY, CHARLES	
STREET ADDRESS	526 MOCKINGBIRD LANE	
CITY- ST- ZIP	LAKE WALES FL 33859	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	VERHOFF, BETTY	
STREET ADDRESS	2083 QUAIL RIDGE	
CITY- ST- ZIP	LAKE WALES FL 33859	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLMAN, ELLEN	
STREET ADDRESS	520 MOCKINGBIRD LANE	
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	CORBEILL, WALLACE	
STREET ADDRESS	1991 TOWER LAKES BLVD	
CITY- ST- ZIP	LAKE WALES FL 33859	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OPPERMANN, WALTER	
STREET ADDRESS	2111 HERON DR	
CITY- ST- ZIP	LAKE WALES FL 33859	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHOMENKO, SUSAN	
STREET ADDRESS	2217 WREN PLACE	
CITY- ST- ZIP	LAKE WALES FL 33859	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMONSON, GARY	
STREET ADDRESS	1733 TOWER LAKES BLVD	
CITY- ST- ZIP	LAKE WALES FL 33859	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKARAKIS, PHYLLIS	
STREET ADDRESS	2330 HERON DRIVE	
CITY- ST- ZIP	LAKE WALES FL 33859	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLMAN, ELLEN	
STREET ADDRESS	520 MOCKINGBIRD LANE	
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 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: Susan Chomenko SUSAN CHOMENKO 4/14/08 (863)676-1596

Block II continued

ATTACHMENT

40089150

#N44099

	Addition
D Ronald Nordman 3360 Tower Lakes Blvd. Lake Wales, FL 33859	X
D Caroline Kelly 1757 Tower Overlook Drive Lake Wales, FL 33859	X
D Edward Lupiani 2008 Oriole Drive Lake Wales, FL 33859	X