

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44099

FILED
Mar 13, 2009
Secretary of State

Entity Name: TOWER LAKES HOMEOWNERS ASSOCIATION OF LAKE WALES, INC.

Current Principal Place of Business:

328 DOVE CT
LAKE WALES, FL 338596893 US

New Principal Place of Business:

328 DOVE CT
LAKE WALES, FL 33859 US

Current Mailing Address:

328 DOVE CT
LAKE WALES, FL 338596893 US

New Mailing Address:

328 DOVE CT
LAKE WALES, FL 33859 US

FEI Number: 59-3079446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

OPPERMANN, WALTER
2111 HERON DR.
LAKE WALES, FL 33859 US

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.

SIGNATURE: WALTER OPPERMANN

03/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORBEILL, WALLACE
Address: 1991 TOWER LAKES BLVD.
City-St-Zip: LAKE WALES, FL 33859

Title: VPD () Delete
Name: OPPERMANN, WALTER
Address: 2111 HERON DR.
City-St-Zip: LAKE WALES, FL 33859

Title: TD () Delete
Name: CHOMENKO, SUSAN
Address: 2217 WREN PLACE
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: SIMONSON, GARY
Address: 1733 TOWER LAKES BLVD.
City-St-Zip: LAKE WALES, FL 33859

Title: VPD () Delete
Name: VERHOFF, BETTY
Address: 2083 QUAIL RIDGE
City-St-Zip: LAKE WALES, FL 33859

Title: PD () Delete
Name: MILLMAN, ELLEN
Address: 520 MOCKINGBIRD LANE
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ANGLE, BETTE
Address: 2044 ORIOLE LANE
City-St-Zip: LAKE WALES, FL 33859

Title: D (X) Change () Addition
Name: ARNOLD, MARY
Address: 2234 WREN PLACE
City-St-Zip: LAKE WALES, FL 33859

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN CHOMENKO

TD

03/13/2009

Electronic Signature of Signing Officer or Director

Date