2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44099

FILED Apr 06, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

328 DOVE CT

LAKE WALES, FL 33859 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

OPPERMANN, WALTER NOVAK, ROBERT 2111 HERON DR. 2214 PARROT PLACE

LAKE WALES, FL 33859 US 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: ROBERT NOVAK 04/06/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: CLARK, WILLIAM
Address: 2210 ROBIN RIDGE
City-St-Zip: LAKE WALES, FL 33859

Title: VPD

Name: CLAWSON, GERALD Address: 542 OSPREY PLACE City-St-Zip: LAKE WALES, FL 33859

Title: TD

 Name:
 SUTTON, DIANE

 Address:
 454 OSPREY PLACE

 City-St-Zip:
 LAKE WALES, FL 33859

Title:

Name: SCOTT, MARY ANN

Address: 2222 ROBIN RIDGE PLACE City-St-Zip: LAKE WALES, FL 33859

Title: SD

 Name:
 ANGLE, BETTE

 Address:
 2044 ORIOLE LANE

 City-St-Zip:
 LAKE WALES, FL 33859

Title: [

 Name:
 ARNOLD, MARY

 Address:
 2234 WREN PLACE

 City-St-Zip:
 LAKE WALES, FL 33859

I hereby 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 all other like empowered.

SIGNATURE: BETTE J ANGLE SD 04/06/2010