

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44099

FILED
Feb 15, 2012
Secretary of State

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

Current Principal Place of Business:

328 DOVE CT
LAKE WALES, FL 33859 US

New Principal Place of Business:

Current Mailing Address:

328 DOVE CT
LAKE WALES, FL 33859 US

New Mailing Address:

FEI Number: 59-3079446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVAK, ROBERT
2214 PARROT PLACE
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

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: _____

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: BROOKS, BETTE
Address: 2232 PARROT PLACE
City-St-Zip: LAKE WALES, FL 33859

Title: D
Name: WHETSTONE, BRENDA
Address: 570 CARDINAL LOOP
City-St-Zip: LAKE WALES, FL 33859

Title: DIR
Name: PACK, SHARON
Address: 3473 TOWER OVERLOOK DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: DIR
Name: VERHOFF, BETTY
Address: 2083 QUAIL RIDGE DRIVE
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: WILLIAM F. CLARK

PRES

02/15/2012

Electronic Signature of Signing Officer or Director

Date