## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44099

Entity Name: TOWER LAKES HOMEOWNERS ASSOCIATION OF LAKE

WALES, INC.

**Current Principal Place of Business:** 

328 DOVE CT

LAKE WALES, FL 33859

**Current Mailing Address:** 

328 DOVE CT

LAKE WALES, FL 33859 US

FEI Number: 59-3079446 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLING, LEE JAY 529 VERSAILLES DRIVE SUITE 103 MAITLAND, FL 32751 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: LEE JAY COLLING 02/09/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title DIRECTOR, VP Name CLARK, WILLIAM Name DICK, LARRY

2210 ROBIN RIDGE 3479 TOWER OVERLOOK DRIVE Address Address

LAKE WALES FL 33859 City-State-Zip: LAKE WALES FL 33859 City-State-Zip:

Title **DIRECTOR** Title DIRECTOR, TRESASURER

Name COLLARD, JACKIE Name BROOKS, BETTE Address 2235 WREN PLACE 2232 PARROT PLACE Address City-State-Zip: LAKE WALES FL 33859

City-State-Zip: LAKE WALES FL 33859

Title **DIRECTOR** Title DIRECTOR

Name **EVERETT, TRACEY** Name HENRY, KELLY Address 2222 EAGLE PLACE Address 1757 TOWER LAKES BLVD

City-State-Zip: LAKE WALES FL 33859 City-State-Zip: LAKE WALES FL 33859

DIRECTOR, SECRETARY Title Title DIRECTOR Name SPANBURGH, ANDY Name VARDA, LARRY

2246 ROBIN RIDGE PLACE Address 2307 HERON DRIVE Address

City-State-Zip: LAKE WALES FL 33859-4850 City-State-Zip: LAKE WALES FL 33859-4819

## Continues on page 2

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 **PRESIDENT** 02/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Feb 09, 2018

**Secretary of State** 

CC8088103286

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name MCDERMED, STEVE

Address 352 GULL LANE

City-State-Zip: LAKE WALES FL 33859-4831