

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44099

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC2415132670**

**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**

**02/23/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name CLARK, WILLIAM  
Address 2210 ROBIN RIDGE  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR, VP  
Name CLAWSON, GERALD  
Address 542 OSPREY PLACE  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR, TRESASURER  
Name BROOKS, BETTE  
Address 2232 PARROT PLACE  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR, SECRETARY  
Name WHETSTONE, BRENDA  
Address 570 CARDINAL LOOP  
City-State-Zip: LAKE WALES FL 33859

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

Title DIRECTOR  
Name NOVAK, BOB  
Address 2214 PARROT PLACE  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name BROWN, DALE  
Address 554 CARDINAL LOOP  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name BARROW, LORNA  
Address 2245 EAGLE PLACE  
City-State-Zip: LAKE WALES FL 33859

**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**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            CORRIVEAU, FRAN  
Address        2234 WREN PLACE  
City-State-Zip: LAKE WALES FL 33859