2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44099

Entity Name: TOWER LAKES HOMEOWNERS ASSOCIATION OF LAKE

WALES, INC.

Mar 07, 2016 Secretary of State CC4350197074

FILED

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 03/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, VP
Name	CLARK, WILLIAM	Name	CLAWSON, GERALD
Address	2210 ROBIN RIDGE	Address	542 OSPREY PLACE
City-State-Zip:	LAKE WALES FL 33859	City-State-Zip:	LAKE WALES FL 33859

Title DIRECTOR, SECRETARY Title DIRECTOR, TRESASURER WHETSTONE, BRENDA Name Name BROOKS, BETTE Address 570 CARDINAL LOOP 2232 PARROT PLACE Address City-State-Zip: LAKE WALES FL 33859 City-State-Zip: LAKE WALES FL 33859

TitleDIRECTORTitleDIRECTORNamePACK, SHARONNameNOVAK, BOB

Address 3473 TOWER OVERLOOK DRIVE Address 2214 PARROT PLACE

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

Title DIRECTOR Title DIRECTOR

NameEVERETT, TRACEYNameBARROW, LORNAAddress2222 EAGLE PLACEAddress2245 EAGLE PLACECity-State-Zip:LAKE WALES FL 33859City-State-Zip:LAKE WALES FL 33859

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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 03/07/2016

Officer/Director Detail Continued:

Title DIRECTOR

Name CORRIVEAU, FRAN Address 2234 WREN PLACE

City-State-Zip: LAKE WALES FL 33859