

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2006  
Secretary of State**

DOCUMENT# 709973

Entity Name: LAKE WORTH TOWERS, INC.

**Current Principal Place of Business:**

1500 LUCERNE AVE.  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1500 LUCERNE AVE.  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 59-1149040      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPEAR, ROBERT A  
22 LAWRENCE LAKE DR  
BOYNTON BEACH, FL 33436      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      ( ) Delete  
Name: BRAKE, HAROLD M,  
Address: 208 PINE HOU CIRCLE, B2  
City-St-Zip: GREENACHRES, FL 33463

Title: TD      ( ) Delete  
Name: MCMAHON, FRANCIS J.,  
Address: 2326 SOUTH CONGRESS AVE, SUITE2F  
City-St-Zip: WEST PALM BEACH, FL 33467

Title: D      ( ) Delete  
Name: BUETTNER, BILLY  
Address: 6100 BIRCHTREE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD      ( ) Delete  
Name: MOORE, DENNIS L.,  
Address: 7515 SEABREEZE DR.  
City-St-Zip: LAKE WORTH, FL

Title: D      ( ) Delete  
Name: DORSEY, DENNIS  
Address: 650 ATLANTIS ESTATES WAY  
City-St-Zip: ATLANTIS, FL 33462

Title: SD      ( ) Delete  
Name: SORGINI, ROBERT C.,  
Address: 2614 FURMAN LANE  
City-St-Zip: LAKE WORTH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAROLD M. BRAKE

PD

01/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date