

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709973

FILED
Mar 20, 2009
Secretary of State

Entity Name: LAKE WORTH TOWERS, INC.

Current Principal Place of Business:

1500 LUCERNE AVE.
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

1500 LUCERNE AVE.
LAKE WORTH, FL 33460 US

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 HOV 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: SD () Delete
Name: SORGINI, ROBERT C
Address: 2614 FURMAN LANE
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: LIN, ALTON D
Address: 175 AUBURN DRIVE
City-St-Zip: LAKE WORTH, FL 33460

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
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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 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

03/20/2009

Electronic Signature of Signing Officer or Director

Date