


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90416 016 ****61.25

DOCUMENT # N03000010107 1. Entity Name TOWERING OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2504 NORTH WILDER LOOP PLANT CITY, FL 33565		Mailing Address 2504 NORTH WILDER LOOP PLANT CITY, FL 33565	
2. Principal Place of Business 2621 Brookside Bluff Loop Suite, Apt. #, etc.		3. Mailing Address 2621 Brookside Bluff Loop Suite, Apt. #, etc.	
City & State Lakeland, FL Zip 33813 Country		City & State Lakeland, FL Zip 33813 Country	
4. FEI Number 84-1642247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOWER, WILLIAM E. JR 2504 NORTH WILDER LOOP PLANT CITY, FL 33565		7. Name and Address of New Registered Agent Name Tower, William E. Jr. Street Address (P.O. Box Number is Not Acceptable) 2621 Brookside Bluff Loop City Lakeland FL Zip Code 33813	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>William E. Tower Jr.</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4-4-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOWER, WILLIAM E JR 2504 NORTH WILDER LOOP PLANT CITY, FL 33565	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Tower, William E Jr. 2621 Brookside Bluff Loop Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOWER, JENNIFER M 2504 NORTH WILDER LOOP PLANT CITY, FL 33565	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Tower, Jennifer m 2621 Brookside Bluff Loop Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARD, WALTER 7022 LAKE EAGLEBROOKE DR LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>William E. Tower Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4-4-06 DAYTIME PHONE # 863-944-0799	

William E. Tower, Jr.