FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:17

DOCUMENT # N35426 (8)

1. Corporation Name
TOWERWOOD HOMEOWNERS ASSN., INC.

Principal Place of Business	Mailing Address
2700 North U S Highway 27 Lot # 240 Lake Wales FL 33853-7882	2700 North U S Highway 27 Lot # ~~240~~ 271 Lake Wales FL 33853-~~7882~~ 7884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1989
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2982615 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 See Change of Address Above
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ASHTON, LEE
~~LOT #271 TOWERWOOD~~
~~LAKE WALES FL 33853~~
Change of Address Only

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 2700 North U S Highway 27
Lot # ~~240~~ 271
84 Lake Wales FL 33853-~~7882~~ 7884

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ASHTON, LEE ☑ Change ☐ Addition
NAME	ASHTON, LEE	1.2 NAME	
STREET ADDRESS	LOT #271, TOWERWOOD	1.3 STREET ADDRESS	2700 North U S Highway 27
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	Lot # ~~240~~ 271 Lake Wales FL 33853-~~7882~~ 7884
TITLE	VD	2.1 TITLE	VD RIZZO, JOE ☑ Change ☐ Addition
NAME	RIZZO, JOE	2.2 NAME	
STREET ADDRESS	LOT #125, TOWERWOOD	2.3 STREET ADDRESS	2700 North U S Highway 27
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	Lot # ~~240~~ 125 Lake Wales FL 33853-~~7882~~ 7876
TITLE	TD	3.1 TITLE	TD SMULLEN, ED ☑ Change ☐ Addition
NAME	SMOLLEN, ED	3.2 NAME	
STREET ADDRESS	240 TOWERWOOD	3.3 STREET ADDRESS	2700 North U S Highway 27
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	Lot # 240 Lake Wales FL 33853-7882
TITLE	SD	4.1 TITLE	SD KESSEL, MARY ANN ☑ Change ☐ Addition
NAME	KESSEL, MARY ANN	4.2 NAME	
STREET ADDRESS	LOT #158, TOWERWOOD	4.3 STREET ADDRESS	2700 North U S Highway 27
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	Lot # ~~240~~ 158 Lake Wales FL 33853-~~7882~~ 7877
TITLE	D	5.1 TITLE	D BALL, KEITH ☐ Change ☑ Addition
NAME	BALL, HELEN	5.2 NAME	
STREET ADDRESS	LOT #266, TOWERWOOD	5.3 STREET ADDRESS	2700 North U S Highway 27
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP	Lot # ~~240~~ 266 Lake Wales FL 33853-~~7882~~ 7884
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert E. Smullen Albert E. Smullen 3-14-95 628.0910
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0067005