FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N35426 DOCUMENT #

(8)

TOWERWOOD HOMEOWNERS ASSN., INC.

Principal Place	of Business	Mailing Address		1 460 (() M; NOD () (M) () (16) (() () () ()	
2700 NORTH US HIGHWAY 27		2700 NORTH US HIGHWAY 27			
LOT 240		LOT 271			
LAKE WALES FL 33853-7882 US		US	LAKE WALES FL 33853-7884		3a. Date of Last Report
55				3. Date Incorporated or Qualified 11/27/1989	03/20/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 2700 NUS H	wx 27	59-2982615	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	,	City & State Wales	7-1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	2 ^{Zip} 0 4 72.00	CountryUS	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25		ν υ <u>υ</u> υ υ		Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name 1	10. Name and Address of New Re	
HISPY E. SMULLEN					
ASHTON, LEE 2700 NORTH US HIGHWAY 27				ess (P.O. Box Number is Not Acceptable	2)
LOT 271			83 /	NUS Hwy 27	
LAKE WALES FL 33853			hot	240	
Dake W	-LLO 1 L 00000		84 City La	Ke Worles	FL 85 3 3 8 5 3 7 8 8 2
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida Statutes, the	above-named corpor	ation submits this statement for the pure	ose of changing its registered office
or registered agent, or both, in the State of Findia Statutes, the above harded by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE albert & Smiles Ireaun 3.14.94					
SIGNATURE	Signature, typed or printed name of registered ager	nt and little if applicable (NOTE: Reg	stered Agent signature requirer		DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	DERS AND DIRECTORS IN 12
THLE	ASHTON, LEE	415	1.1 TITLE	$\Omega = 0.1$	Penange Notition
NAME	2700 NORTH U S HIGHWAY	A74	1.2 NAME	HSnton, Lee	7-1-4271
STREET ADDRESS	LAKE WALES FL	1	1.3 STREET ADDRESS	2790 N.HS AM	y 22 Lot 271 1 33853.7884
CITY-ST-ZIP TITLE	VD		1.4 CITY - ST - ZIP 2.1 TITLE	nake wales y	Change Addition
NAME	RIZZO, JOE		2 2 NAME		_ , _ (
STREET ADDRESS	2700 NORTH U S HIGHWAY	07	2 3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		2. 4 DITY-ST-ZIP		
TITLE	TD			105	Change
NAME	SMULLEN, ED		3.2 NAME	mullen, Albert	E.
STREET ADDRESS	2700 NORTH U S HIGHWAY	27, LOT 240	3 3 STREET ADDRESS	700 N US Huy 27	hot 240
CITY - ST - ZIP	LAKE WALES FL		3 4. CiTY-ST-ZIP	multen, Albert noon us Huy 27 ake Wales 71	33823-2885
TITLE	SD MEDICAL MADY AND	DELETE	4 1 THTLE		Change Addition
NAME	KESSEL, MARY ANN		4 2 NAME		•
STREET ADDRESS	2700 NORTH US HIGHWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL D		4.4 CHY-ST-ZIP		Change Addition
TITLE	BALL, KEITH	_	5 1 TITLE		DEL Ortaligo FROURION
NAME CIDECT ADDRESS	2700 NORTH U S HIGHWAY		5 2 NAME 5 3 STREET ADDRESS	all, heith	2 hatz66
STREET ADDRESS	LAKE WALES FL		5.4 CITY-ST-ZIP	Walne Huy	33813-7884
CITY-ST-ZIP TITLE			61 TITLE		☐ Change ☐ Addition
NAME			62 NAME	61.25 Deposited by	bank room
STREET ADDRESS			6.3 STREET ADDRESS	in along	a and
CITY-ST-7/P			6.4 City-St-ZiP	N19196	370
14. I do hereo	y certify that the information supplied	with this filing is voluntarily furnished	and does not qualify for	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further

rate making our my man trie information supplied with this ming is voluntarily forming and does not quality to the exemption stated in section 143.07(N). Forming is voluntarily forming and does not quality to the configuration 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 eath, 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. Mullen Albert E. Smullen 941-678-0910

SIGNATURE: