

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N35426** (8)

1. Corporation Name

TOWERWOOD HOMEOWNERS ASSN., INC.



Principal Place of Business

**2700 NORTH US HIGHWAY 27
LOT 240
LAKE WALES FL 33853-7882
US**

Mailing Address

**2700 NORTH US HIGHWAY 27
LOT 271
LAKE WALES FL 33853-7884
US**

3. Date Incorporated or Qualified
11/27/1989

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21 **2700 N US Hwy 27**

Suite, Apt. #, etc.

22 **Lot 240**

City & State

23 **Lake Wales FL**

Zip

24 **33853-7882**

Country

25 **US**

2a. Mailing Address

26 **2700 N US Hwy 27**

Suite, Apt. #, etc.

27 **Lot 240**

City & State

28 **Lake Wales FL**

Zip

29 **33853-7882**

Country

30 **US**

4. FEI Number

59-2982615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

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
2700 NORTH US HIGHWAY 27
LOT 271
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

81 Name **Albert E. Smullen**

82 Street Address (P.O. Box Number is Not Acceptable)

2700 N US Hwy 27

83 **Lot 240**

84 City **Lake Wales**

FL

85 Zip Code **33853-7882**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Albert E. Smullen Treasurer

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE **3-14-96**

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **ASHTON, LEE**
STREET ADDRESS **2700 NORTH U S HIGHWAY 271**
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☒ DELETE
NAME **RIZZO, JOE**
STREET ADDRESS **2700 NORTH U S HIGHWAY 27**
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE
NAME **SMULLEN, ED**
STREET ADDRESS **2700 NORTH U S HIGHWAY 27, LOT 240**
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☒ DELETE
NAME **KESSEL, MARY ANN**
STREET ADDRESS **2700 NORTH US HIGHWAY 27, LOT 158**
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE
NAME **BALL, KEITH**
STREET ADDRESS **2700 NORTH U S HIGHWAY 27, LOT 26**
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D Ashton, Lee**
1.3 STREET ADDRESS **2700 N US Hwy 27 Lot 271**
1.4 CITY-ST-ZIP **Lake Wales FL 33853-7884**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TOS Smullen, Albert E.**
3.3 STREET ADDRESS **2700 N US Hwy 27 Lot 240**
3.4 CITY-ST-ZIP **Lake Wales FL 33853-7882**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **P D Ball, Keith**
5.3 STREET ADDRESS **2700 N US Hwy 27 Lot 26**
5.4 CITY-ST-ZIP **Lake Wales FL 33853-7884**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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** 941-678-0910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)