


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 240 LAKE WALES FL 33853-7882 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/27/1989	3a. Date of Last Report 03/30/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2982615	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMULLEN, ALBERT E
2700 NORTH US HIGHWAY 27
LOT 240
LAKE WALES FL 33853-7882**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHTON, LEE	1.2 NAME	Mary Ann Kessel
STREET ADDRESS	2700 NORTH U S HIGHWAY 27 LOT 271	1.3 STREET ADDRESS	2700 N US Hwy 27 Lot 158
CITY-ST-ZIP	LAKE WALES FL 33853-7884	1.4 CITY-ST-ZIP	lake Wales FL 33853-7877
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, KEITH	2.2 NAME	Pat Tighe
STREET ADDRESS	2700 NORTH US HIGHWAY 27 LOT 26	2.3 STREET ADDRESS	2700 N US Hwy 27 Lot 110
CITY-ST-ZIP	LAKE WALES FL 33853	2.4 CITY-ST-ZIP	lake Wales FL 33853-7875
TITLE	TDS <input type="checkbox"/> DELETE	3.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMULLEN, ED	3.2 NAME	Albert E. Smullen
STREET ADDRESS	2700 NORTH U S HIGHWAY 27, LOT 240	3.3 STREET ADDRESS	2700 N US Hwy 27 Lot 240
CITY-ST-ZIP	LAKE WALES FL 33853	3.4 CITY-ST-ZIP	LAKE WALES FL 33853-7882
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP O <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Don Bryson
STREET ADDRESS		4.3 STREET ADDRESS	2700 N US Hwy 27 Lot 111
CITY-ST-ZIP		4.4 CITY-ST-ZIP	lake Wales FL 33853-7875
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Leslie Krissot6
STREET ADDRESS		5.3 STREET ADDRESS	2700 N US Hwy 27 Lot 264
CITY-ST-ZIP		5.4 CITY-ST-ZIP	lake Wales FL 33853-7884
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)