

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90062 003 ****61.25

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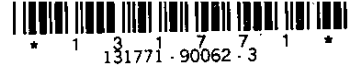
DOCUMENT # N35426

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



2. Principal Place of Business

21 2700 N US Hwy 27

2a. Mailing Address

26 2700 N US Hwy 27

Suite, Apt. #, etc.

22 lot # 202

Suite, Apt. #, etc.

27 lot # 202

City & State

23 Lake Wales, FL.

City & State

28 Lake Wales, FL.

Zip

24 33853

Country

25 US

Zip

29 33853

Country

30 US

3. Date incorporated or Qualified

11/27/1989

4. FEI Number

59-2982615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Richard E. Gilbert
82 Street Address (P.O. Box Number is Not Acceptable)
2700 N Hwy 27 lot #
83 lot # 202
84 City Lake Wales FL 85 Zip Code 33853

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 X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KONDRACK, CATHERINE J.	
STREET ADDRESS	2700 N US HWY 27 LOT 243	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TIGHE, PAT	
STREET ADDRESS	2700 N US HWY 27 LOT 110	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMULLEN, ALBERT E	
STREET ADDRESS	2700 NORTH U S HIGHWAY 27, LOT 240	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LENGUEL, JOHN J.	
STREET ADDRESS	2700 N US HWY 27 LOT 116	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRISOFF, LESLIE	
STREET ADDRESS	2700 N US HWY 27 LOT 264	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHNSON, HOWARD D.	
STREET ADDRESS	2700 N. US HWY 27 LOT 2	
CITY-ST-ZIP	LAKE WALES FL 33853	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GORDON M. STEVENS	
1.3 STREET ADDRESS	2700 N US HWY 27 lot # 20	
1.4 CITY-ST-ZIP	LAKE WALES, FL. 33853	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard E Gilbert	
3.3 STREET ADDRESS	2700 N Hwy 27 lot # 202	
3.4 CITY-ST-ZIP	LAKE WALES, FL. 33853	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: X *Richard E. Gilbert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 941-676-7228
Date Daytime Phone #

CR2E037 (11/98)