

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35426

1. Entity Name

TOWERWOOD HOMEOWNERS ASSN., INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90027 023 ****61.25

Principal Place of Business	Mailing Address
2700 N US HWY 27 LOT 202 LAKE WALES FL 33853 US	2700 N US HWY 27 LOT 202 LAKE WALES FL 33853-7880 US

2. Principal Place of Business	3. Mailing Address
2700 N. U.S. 27	2700 N. U.S. 27
Suite, Apt. #, etc. LOT 243	Suite, Apt. #, etc. LOT 243
City & State LAKE WALES, FL	City & State LAKE WALES FL
Zip 33853	Country U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2982615	Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GILBERT, RICHARD E 2700 NORTH US HIGHWAY 27 LOT 202 LAKE WALES FL 33853		
7. Name and Address of New Registered Agent		
Name: CATHERINE KONDRACKÉ Street Address (P.O. Box Number is Not Acceptable): 2700 N. U.S. HWY 27 LOT 243 City: LAKE WALES FL Zip Code: 33853		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: CATHERINE KONDRACKÉ Catherine Kondracke 2/1/00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D KONDRACKÉ, CATHERINE J. 2700 N US HWY 27 LOT 243 LAKE WALES FL 33853	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD TIGHE, PAT 2700 N US HWY 27 LOT 110 LAKE WALES FL 33853	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD GILBERT, RICHARD E 2700 N HWY 27 LOT 202 LAKE WALES FL 33853	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LENGUEL, JOHN J. 2700 N US HWY 27 LOT 116 LAKE WALES FL 33853	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD KRISOFF, LESLIE 2700 N US HWY 27 LOT 264 LAKE WALES FL 33853	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P JOHNSON, HOWARD D. 2700 N. US HWY 27 LOT 2 LAKE WALES FL 33853	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD GLENN HARTER 2700 N. U.S. 27 LOT 056 LAKE WALES, FL 33853	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD JAMES MCCUTCHEN 2700 N. U.S. 27 LOT 249 LAKE WALES, FL 33853	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD FRAN STURGEON 2700 N. U.S. 27 LOT 121 LAKE WALES, FL 33853	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD CHARLES SYKES 2700 N. U.S. 27 LOT 219 LAKE WALES, FL 33853	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE KONDRACKÉ Catherine Kondracke 2/1/00 863-676-9365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)