

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90029 023 ****61.25

0068861

DOCUMENT # N35426

1. Entity Name

TOWERWOOD HOMEOWNERS ASSN., INC.

Principal Place of Business

2700 N US HWY 27
LOT 243
LAKE WALES FL 33853
US

Mailing Address

2700 N US HWY 27
LOT 243
LAKE WALES FL 33853
US

C0022478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2700 US 27 N
Suite, Apt. #, etc.
121

3. Mailing Address

2700 US 27 N
Suite, Apt. #, etc.
121

City & State

Lake Wales FL

City & State

Lake Wales FL

Zip

33853

Country

US

Zip

33853-7876

Country

US

4. FEI Number

59-2982615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KONDRACKE, CATHERINE
2700 NORTH US HIGHWAY 27
LOT
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name **FRANCES M. STURGEON**
Street Address (P.O. Box Number is Not Acceptable)
2700 US 27 N
121
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.

7876

SIGNATURE **FRANCES M. STURGEON** **frances m. Sturgeon** 2/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KONDRACKE, 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	HARTER, GLENN	
STREET ADDRESS	2700 N US 27 LOT 056	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MCCUTCHEN, JAMES	
STREET ADDRESS	2700 N US 27 LOT 249	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" 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	STURGEON, FRAN	
STREET ADDRESS	2700 N US 27 LOT 121	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SYKES, CHARLES	
STREET ADDRESS	2700 N US 27 LOT 121	
CITY-ST-ZIP	LAKE WALES FL 33853	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, BOB	
STREET ADDRESS	2700 US 27 N # 248	
CITY-ST-ZIP	Lake Wales FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **FRANCES M. STURGEON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Date

Daytime Phone #

CR2E037 (10/00)